ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	-8.8% effective 1/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers compensation Line of Insurance 	3,843,473	-8.8%
Brief description of filing. (If filing follows Reflecting Enactment of House Bill 1698 *Adjusted to reflect all prior rate changes **Change in Company's premium level w	Accident Furnal Judy Tr	ify organization): <u>Adopt Law Only Filing</u>
OF WAR OF THE PROPERTY OF	LLINGIS MAGURANCE	

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	-8.8% effective 1/01/2012
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' compensation	27,242,624	-8.8%
Line of Insurance		
Brief description of filing. (If filing follows Reflecting Enactment of House Bill 1698	s rates of an advisory organization, specif as approved in circular IL-2011-08.	y organization): Adopt Law-Only Filing
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	s.
	Accident Fund	Insurance Company of America
	Accident i dila	Name of Company
		riams of company
	Judy Tho	mas, Compliance Advisor
	JAN - 1 2012	Official – Title
ଅଟନ୍ତ ପ୍ର	STATE OF ILLINOIS	

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	-8.8% effective 1/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers compensation	4,109,157	-8.8%
Line of Insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, specify	: This filing applies to all classes.
Brief description of filing. (If filing follows Reflecting Enactment of House Bill 1698	s rates of an advisory organization, specify as approved in circular IL-2011-08.	organization): Adopt Law Only Filing
*Adjusted to reflect all prior rate changes		·
**Change in Company's premium level w	hich will result from application of new rates	S.
FILED	Accident Fund	National Insurance Company
		Name of Company
IAN . + 2042	ludu Tha	mas, Compliance Advisor
JAN - 1 2012	Judy Tho	Official – Title
STATE OF ILLINOIS		

PARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective _	11/1/2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$4,761,328	-8.8%
Line of Insurance		
Does filing only apply to certain territory (terror NCCI loss costs. They are not specific to	itories) or certain classes? If so, spe territory. Updated NCCI loss costs w	ecify: This filing adopts the newest edition vill be adopted for all class codes.
Brief description of filing. (If filing follows ranewest edition of NCCI loss costs. Please s	tes of an advisory organization, spe ee filing memo for more details.	ecify organization): This filing adopts the
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		ates. ident Insurance Company
	ACC	Name of Company
	Eric Sm	ith, Chief Underwriting Officer
		Official – Title



Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	j .	
Private Passenger		***************************************
Commercial		
_iability Other Than Auto	in the same of the	
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
=ire	***	·
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		· Annaire and Anna
Crop Hail	<u></u>	***************************************
Other Workers Compensation	39,128,371	-8.8
Life of Insurance		
Company of the Compan	rtain territory (territories) or	certain
	• •	
Classes? If so,	•	
Classes? If so, specify: NA NA		dvisory
Classes? If so, specify: NA		dvisory
Classes? If so, specify: NA NA	f filing follows rates of an a	dvisory loss costs, rates and rating va
Classes? If so, specify: NA Brief description of filing. (I Organization, specify	f filing follows rates of an a	
Classes? If so, specify: Brief description of filing. (I Organization, specify organization):	f filing follows rates of an a	
Classes? If so, specify: NA Brief description of filing. (I Organization, specify organization): filed by NCCI in Circular IL-2011-02. *Adjusted to reflect all prior	If filing follows rates of an a Adopting the WC Advisory rate changes.	loss costs, rates and rating va
Classes? If so, specify: NA Brief description of filing. (I Organization, specify organization): filed by NCCI in Circular IL-2011-02.	If filing follows rates of an a Adopting the WC Advisory rate changes.	loss costs, rates and rating va
Classes? If so, specify: NA Brief description of filing. (I Organization, specify organization): filed by NCCI in Circular IL-2011-02. *Adjusted to reflect all prior	Adopting the WC Advisory rate changes. emium level which will resu	lt from application of n
Classes? If so, specify: NA Brief description of filing. (I Organization, specify organization): filed by NCCI in Circular IL-2011-02. *Adjusted to reflect all prior **Change Company's prevates:	Adopting the WC Advisory rate changes. emium level which will resu	lt from application of n
Classes? If so, specify: NA Brief description of filing. (I Organization, specify organization): filed by NCCI in Circular IL-2011-02. *Adjusted to reflect all prior **Change Company's prevates:	Adopting the WC Advisory rate changes. emium level which will resurce. ACUITY, A Mutual	lt from application of number of Company
Classes? If so, specify: NA Brief description of filing. (I Organization, specify organization): filed by NCCI in Circular IL-2011-02. *Adjusted to reflect all prior **Change Company's pre	Adopting the WC Advisory rate changes. emium level which will resurred ACUITY, A Mutual Na Diane Udovich - Re	lt from application of n

RECEIVED

SEP 1 4 2011

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

(Change in Company's premium or rate	level produced by rate revision effect	otive 09/01/2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
1.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
_,	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	58,351	-8.8%
15.	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, sp	ecify:
No		,	
Brief	description of filing. (If filing follows	rates of an advisory organization, sp	ecify organization):
Ador	oting NCCI Law-Only Filing Reflectin	g Enactment of House Bill 1698	
* A	djusted to reflect all prior rate changes		
** C	hange in Company's premium level wh	nen wili	
re	sult from application of new rates.		
	, and the same of		
	2/10/0	LED	Alaska National Insurance
			Company
	_		Name-of-Company
		EP-0-1-2011	

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Edith Goodgame,
V-P Underwriting Services
Official - Title

SUMMARY SHEET

Official - Title

(Change in Company's premium or rate	level produced by rate revision effec	tive September 1, 2011
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$1,892	-8.8
10.	Line of Insurance	Ψ1,022	
oes fi	iling only apply to certain territory (terr	itories) or certain classes? If so, spe	ecify:
	description of filing. (If filing follows ruting NCCI's 09/11 loss costs from circu		ecify organization):
	wing 110010 07/11 1000 40000 Holm 4m.		
* Cl	djusted to reflect all prior rate changes. nange in Company's premium level white sult from application of new rates.	ILED	All America Insurance Company
		$\mathcal{L}_{P} = 0$ I \mathcal{L}_{O11}	
	De St	TE OF ILLINOIS SENT OF INSURANCE	Name of Company
	DEPARTA	IF OF ILLINO	
	SPRIN	GEIEL OF INSUE	
		LL, ILLINOIS	Mrs.) Petrise Meyer
		_3	Sr Rates and Forms Analyst

ILLINOIS SUMMARY SHEET

FORM RF-3

` (1)	(2)	(3)	
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**	
1. Automobile Liability	,		
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	\$108,698	-8.8%	
16. Other			
Line of Insurance			
Does filing only apply to certain territory (territories)	or certain classes? If so, specify No		
Brief description of filing (if filing follows rates of an a			
the current loss cost multiplier of 1.450 (1.902 for F-	classes) to the September 1, 2011 los	s costs published by the Natio	nai
Council on Compensation Insurance effective Septe	mber 1, 2011 for new and renewal po	icies. The ELFs are calculate	d using
an LCM of 1.846.		•	
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will re	sult from application of new rates.		



American Alternative Insurance Corporation

Name of Company

SEP 0 1 2011

Kathryn Sine, Senior State Filing Analyst

— — Official — Title

ILLINOIS SUMMARY SHEET FORM RF-3

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail		
	Extended Coverage		
	Inland Marine	*	
	Homeowners Epasta 0	<u>))</u>	
	Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other Line of Insurance		
	Crop Hail		
	Workers Compensation	15,389	-8.4%
	Other		
	Line of Insurance		
		•	
es	s filing only apply to certain territory (territories) or certain	ain classes? If so, specify	
ef	description of filing (if filing follows rates of an advisory	y organization, specify organiza	tion) Adoption of NCCI
w-	Only Advisory Rates, without deviation, approved under	er NCCI Circular IL-2011-07 to	be effective
	ember 1, 2011.		
	Adjusted to reflect all prior rate changes.		
	change in Company's premium level which will result f	from application of new rates.	
		American Business Persona	I Insurance Mutual Inc
		Name of Co	mpany
	<u></u>	Name of Co Janice L. Hohens	

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	9/1/2011
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$543,462	8.80%
Line of Insurance		
5 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specify	
All Territories and Classes		
Drief description of filling (If files follows as		
Brief description of filing. (If filing follows ra		
Adoption of 9/1/2011 NCCI Loss Cost (Lav	v Only) change.	
*Adjusted to reflect all prior rate changes.	•	
**Change in Company's premium level wh	ich will result from application of new rates	· 3.
	A	nanation Incurance Comment
		pensation Insurance Company Name of Company
		Name of Company
	Wendy J. Book . WC N	Mar. of Corp. Compliance & UW Serv.



Official - Title

SEP 0 1 2011

ILLINOIS SUMMARY SHEET

FORM RF-3

nange in Company's premium or rate level produ	uced by rate revision effective:	9/1/11
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
4		
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other than Auto4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		·
7 . Surety 8 . Boiler and Machinery		
9. Fire		
	1 2011	
Inland Marine	L ZUII . ————	
) Homooyymara		
3. Commercial Multiperil STATE OF Crop Hail	ILLINOIS	····
4. Crop Hail SPRINGER	OF INSURANCE	
5. Workers Compensation SPRINGFIEL	.D, ILLINOIS 4,036,158	-8.9%
6. Other:		
s filing only apply to certain territory (territor	ies) or certain classes? If so, specify	Not Applicable
s iming only apply to certain territory (territor)	tes) of certain classes. It so, speeny.	Not repplicable
	of an advisory organization, specify organization). aw Only" changes to voluntary rates with an effect	ive date of 9/1/2011
In-force Written Premium		
Change in Company's premium level which	will result from application of new rates	•
Change in Company's premium level which	if will result from application of new rates.	
•		
	American Casualty C	Company of Reading, PA
		f Company
	Name o	Company
	Robert Anderson, ACAS.	Actuarial Consulting Directo
		al - Title

FILED

JAN 0 1 2012

Form (RF-3)

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SERINGFIELD, ILLINOIS

SUMMARY SHEET

Underwriting

Official - Title

	SPRINGFIEL	D, ILLINOIO	
	Change in Company's premium or rate	level produced by rate revision effecti	ve <u>01-01-2012</u>
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.			
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	· · · · · · · · · · · · · · · · · · ·	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	THE PERSON OF TH	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,841,127	-8.8%
	Line of Insurance		•
	filing only apply to certain territory (ter	ritories) or certain classes? If so, spec	ify:
No			
	<u>.</u>		
D . C	1 ' ' CC1' (TCC1' C 11	4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*C
	description of filing. (If filing follows a pting NCCI-approved 9/1/2011 Law Or		iry organization):
Ado	pullig NCCI-approved 9/1/2011 Law Ol	my ming effective 1/1/2012.	
<u> </u>			0 - 1 - 0 - Marie
* A	djusted to reflect all prior rate changes.		
	Change in Company's premium level wh		
	esult from application of new rates.		•
			•
		An	nerican Economy Insurance
			mpany
	6		Name of Company
		2012	
	——————————————————————————————————————	v 1-2012	w ducks
	en de la companya de La companya de la co		0
	STATE O	FILLINOIS OF INSUPANCE En	
)EPAR! 例にい SPRINGirii	erio, recutoro	ic Neely
	9, 1,111-1	Se	nior Vice President,
	•	Pro	oduct Management and

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

specify:

Organization, specify

organization):

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

| effective 09/01/2011 | | |
|---|----------------------------------|------------------|
| (1) | (2)
Annual Premium | (3)
Percent |
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | • |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | 1 |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers Compensation | \$5,792,392 | -8.9% |
| Life of Insurance | 7-1 | |
| Does filing only apply to certa Classes? If so, | ain territory (territories) or o | certain |

Brief description of filing. (If filing follows rates of an advisory

No

*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.



SEP 0 1 2011

American Family Mutual Insurance Company

Adoption of NCCI Revision - Circular IL-2011-07

Name of Company

Poul amen Paul Amend - Actuarial Filing & Compliance Analyst

Official - Title

STATE OF ILLINOIS

14 MENT OF INSURANCE
OPERIORIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2011 (3) (2) (1)Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3. 4. Burglary and Theft 5. Glass **Fidelity** 6. 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 5,725,325 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Law-Only filing effective September 1, 2011 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American Guarantee and Liability Insurance Company

Name of Company

Gary Shook, Vice President and Chief Pricing Actuary

Official - Title



SEP 2 1 2011

SUMMARY SHEET

| Change in Company's premium or rate le | vel produced by rate revision effective | September 1, 2011 |
|--|--|--------------------------|
| , , , | , · | |
| (1) | (2)
Annual Premium | (3)
Percent |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | -\$410,212 | -8.8% |
| Line of Insurance | Ψ110,212 | |
| Does filing only apply to certain térritor | y (territories) or certain classes? If so, s | |
| Brief description of filing. (If filing follow Rate filing based on NCCI's approve | vs rates of an advisory organization, speed advisory loss costs. | ecify organization): |
| * Adjusted to reflect all prior rate cha ** Change in Company's premium lev | vel which will | |



H29219D

STATE OF ILLINOIS

SPRINGFIELD, ILLINOIS

American Home Assurance Company

Name of Company

Walter Murphy Filings Analyst Official - Title

RECEIVED

SEP 1 2 2011

Section 754.Exhibit A Summary Sheet (Form RF-3)

FILED

FORM (RF-3)

SEP 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Kathy Wells, State Filing Coordinator
Official — Title

| | (1) | (2)
Annual Premium | (3)
Percent |
|------|--|---------------------------------------|--|
| | Coverage | Volume (Illinois)* | Change (+ or-)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and MachinerySEP © 1 2011 | | |
| 9. | Eiro | | |
| 10. | Extended Coverage CTATE OF ILLINOIS Inland Marine SPRINGFIELD, ILLINOIS | | |
| 11. | Inland Marine SPHINGFIELD, ILLINOIS | <u></u> | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | Barrer and the second s |
| 14. | Crop Hail | ¢ 42 504 254 | -8.8% estimated |
| 15. | Workers Compensation | \$ 13,584,254 | -0.0 /b Cstillated |
| 16. | Other | | |
| | Line of Insurance | | |
| oes | filing only apply to certain territory (territories) or cer | tain classes? If so, specify <u>f</u> | N/A |
| NCC | description of filing (if filing follows rates of an advise
I Advisory Loss Costs (Law Only Filing) with an eff | | |
| new, | renewal and outstanding policies. | | |
| * | Adjusted to reflect all prior rate changes. Change in Company's premium level which will result fro | om application of new rates. | |
| | | Amaria | can Interstate Insurance Company |
| | | - MILION | call interstate insulative compatity |

Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SEP 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision

effective 09/01/2011 effective 09/01/2011

| | (1) | (2) Annual Premium | (³)
Percent
Change (+or-) ** |
|---|---|---|---|
| _ | Coverage Automobile Liability Private | Volume (Illinois) * | Change (+01-) |
| | Passenger | | · |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | <u>i</u> |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | • / • • • • • • • • • • • • • • • • • • | 14 V - 14 T - 1 |
| | Extended Coverage | | |
| | Inland Marine | <u> </u> | |
| | Homeowners | | <u> </u> |
| | Commercial Multi-Peril | | · · · · · |
| | Crop Hail | | |
| | Other Workers' Compensation | 558,876 (est. annual) | -7.63% |
| - | Life of Insurance | 000,070 (cst. aiiiidai) | -1.0376 |
| | Does filing only apply to certain Classes? If so, specify: No. | n territory (territories) or | certain |
| | Brief description of filing. (If fill Organization, specify | ing follows rates of an ad | lvisory |
| | organization): | We want to adopt NCC | l's 9/1/11 law-only filing, and |
| | change our LCM from 1.717 to 1.73 | | |
| | *Adjusted to reflect all prior rat **Change in Company's prem | | t from application of new |
| | rates. | American Mining In | surance Company |
| | | Nan | ne of Company |

Mike Carney, Assistant VP - Compliance

Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | 9/1/11 | |
|---|--|---|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> | |
| Automobile Liability Private Passenger Commercial | | | |
| Automobile Physical Damage Private Passenger Commercial | | | |
| 3. Liability Other Than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage
11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | | |
| 15. Other Workers Compensation | \$143,563 | -8.8% | |
| Line of Insurance | | • | |
| Does filing only apply to certain territory (terr Brief description of filing. (If filing follows rate We will be using NCCI loss costs issued in c | s of an advisory organization, specify o | rganization): | |
| | | | |
| *Adjusted to reflect all prior rate changes.
**Change in Company's premium level which | will result from application of new rate | s. | |
| | American Nationa | l Property and Casualty Company Name of Company | |
| | Eleanor P | erry - Compliance Analyst Official – Title | |
| | | | |



SEP 0 1 2011



JAN 0 1 2012

Form (RF-3)

STATE OF ILLINOIS STATE OF ILLINOIS SPRINGFIELD, ILLINOIS

| (| Change in Company's premium or rate | level produced by rate revision effective | 01-01-2012 |
|---------|--|--|--------------------------|
| | | (2) | (0) |
| | (1) | (2) | (3) |
| | ~ | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$1,815,122 | -8.9% |
| 10. | Line of Insurance | 41,010,122 | |
| | | | |
| Does fi | ling only apply to certain territory (ter | ritories) or certain classes? If so, specify | : |
| No_ | | | |
| | | | |
| | | | |
| Brief d | escription of filing. (If filing follows | rates of an advisory organization, specify | organization): |
| Adop | ting NCCI-approved 9/1/2011 Law Or | aly filing effective 1/1/2012. | |
| | | | |
| | | | |
| * 1. | ljusted to reflect all prior rate changes. | | |
| | ngusted to reflect an prior rate changes. nange in Company's premium level wh | ich will | |
| | sult from application of new rates. | ich will | |
| 100 | suit from application of new rates. | | |
| | | Ame | rican States Insurance |
| | | Com | |
| | | | Name of Company |
| | | | • • |
| | | | Nicks |
| | | | |
| | | | |

Eric Neely Senior Vice President, Product Management and

Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2011 (3) (2) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private **Passenger Commercial** 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 12,286,277 -8.8% 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Law-Only filing effective September 1, 2011

American Zurich Insurance Company

Name of Company

Gary Shook, Vice President and Chief Pricing Actuary

Official - Title



SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

SEP 2 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

NOV O I 2011

SUMMARY SHEET

| | 2011 |
|---|---|
| | DEPARTMENT OF ILLINOIS DY rate SEKINGFIELD INSURANCE |
| | CPARTAGE OF ILL |
| ł | ov rate sevistour of Livor |
| ^ | WGEIT OF INCUS |
| | "IELD ""OURAL" |

Official - Title

| | Change in Company's prem effective 11/01/2011 (1) | (2) | (3) |
|----------|--|---|---------------------------------------|
| - | (' / | Annual Premium | Percent |
| - | Coverage | - Volume (Illinois) * | _ Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | 1 | |
| | Private Passenger | , | • |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
|). | Extended Coverage | | |
|).
 | Inland Marine | *************************************** | |
|)
) | Homeowners | | |
|
3. | Commercial Multi-Peril | | |
|).
 . | Crop Hail | | |
|). | Other Workers Compensation | Φ24.4.75.4 | 0.00 |
| ٠. | Life of Insurance | \$314,751 | -8.8% |
| | Life of insurance | | |
| N | Does filing only apply to cer Classes? If so, specify: | tain territory (territories) o | or certain |
| | Brief description of filing. (If Organization, specify | f filing follows rates of an | advisory |
| | organization): | NCCI Circular IL-2011-0 | 02 - as prescribed by House Bill 1698 |
| | | | |
| | | | |
| | *Adjusted to reflect all prior **Change in Company's pre | • | sult from application of new |
| | rates. | Angur Amarica li | nsurance Company |
| | | | lame of Company |
| | | | mmercial Product Analyst |

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| - | (1) | (2)
Annual Premium | (3)
Percent |
|--------------------|--|-------------------------------|---|
| - | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6.
7 | Fidelity | | |
| 7. | Surety | | |
| 8.
9. | Boiler and Machinery | | |
| 9.
10. | Fire Extended Coverage | | |
| 11. | Extended Coverage Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | 15,376,543.00 | -8.8% |
| | Life of Insurance | | |
| * | Does filing only apply to certa Classes? If so, specify: N/A | in territory (territories) or | certain |
| | Distriction (Ct) | 1' C II | |
| | Brief description of filing. (If fi Organization, specify | ling follows rates of an a | avisory |
| | organization): | Arch Insurance Company, a me | ember of the National Council on Compensation |
| | Insurance, respectfully submits this filing to adopt | | |
| | Enactment of House Bill 1698–Voluntary Advisor | | |
| | *Adjusted to reflect all prior ra | <u></u> | |
| | **Change in Company's prem | | t from application of new |
| | rates. | | • • |
| | | Arch-Insurance Co | mpany |
| | | Nar | ne of Company |
| | (as — | Allison Lehrer, Com | <u> </u> |
| | DEC 0 1 2011 | (| Official – Title |
| | | | |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| | SUMIMART SHEET | 09/01/2011 |
|--|---|---|
| Change in Company's premium or rate level | produced by rate revision effective _ | |
| (1) | (2)
Annual Premium | (3)
Percent |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| | | |
| 3. Liability Other Than Auto4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other WC | 2,949,511 | -8.7% |
| Line of Insurance Does filing only apply to certain territory (terr | ritories) or certain classes? If so, spec | cify: N/A |
| Brief description of filing. (If filing follows r
09/01/2011 Law Only Loss Cost | | pecify organization): Adoption of NCCI' |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | h will result from application of new ra | ates. |
| | Aronaut Gr | reat Central Insurance Company |
| | | Name of Company |
| | Stefanie \ | Westerdahl Regulatory Analyst |
| | | Official – Title |



SEP 0 1 2011

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | 09/01/2011 | |
|---|--|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> | |
| Automobile Liability Private | | | |
| Passenger Commercial | | | |
| 2. Automobile Physical Damage | | | |
| | | | |
| 3. Liability Other Than Auto | | | |
| 1 Burglow and Thaff | | | |
| Class | | | |
| 6. Fidelity | | | |
| 7 Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | | |
| 15. Other | 2,297,531 | -8.8% | |
| Line of Insurance | | | |
| Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows rous) 09/01/2011 Law Only Loss Cost | | fy organization): Adoption of NCCI's | |
| | · | | |
| *Adjusted to reflect all prior rate changes.
**Change in Company's premium level which | h will result from application of new rates | • | |
| | Aranau | t Insurance Company | |
| | | Name of Company | |
| | Stefanie Wes | sterdahl Regulatory Analyst | |
| | | Official – Title | |



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | 09/01/2011 | |
|--|--|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> | |
| Automobile Liability Private | | | |
| Passenger Commercial | | | |
| Automobile Physical Damage Private Passenger Commercial | | | |
| 3. Liability Other Than Auto | | | |
| 4. Burglary and Theft | | | |
| | | | |
| | | | |
| 7. Surety | | | |
| | | | |
| 9. Fire | | | |
| 10. Extended Coverage 11. Inland Marine | | | |
| 12. Homeowners | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| 14. Crop Hail | | | |
| 15. Other | 338,850 | -8.8% | |
| Line of Insurance | 330,830 | -0.070 | |
| Does filing only apply to certain territory (terr Brief description of filing. (If filing follows r | | | |
| 09/01/2011 Law Only Loss Cost | | | |
| | | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | n will result from application of new rates. | | |
| | Aronaut-Mich | vest Insurance Company | |
| , | Aionaut-ivilus | ame of Company | |
| | | | |
| | Stefanie West | erdahl Regulatory Analyst | |
| • | | Official – Title | |



Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SEP 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS

STATE OF ILLINOIS
Change in Company's premium or rate level produced by rate is remarked. ILLINOIS
effective 09-01-2011 (1) (2) (3)**Annual Premium** Percent Volume (Illinois) * Change (+or-) ** Coverage Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3: Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 301,863 -4.06% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so. specify: No - Filing applies to all class codes/territories. Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI Loss Costs and Increase Our Company LCM from 1.40 to 1.50. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Bancinsure, Inc. Name of Company Kathryn A. Smith, Filings Analyst

Official - Title

orm (RES) SUMMARY SHEET

H29219D

ange in Company's premium or rate level produced by rate revision effective 09/01/2011 (2) (3) Percent Annual Premium Volume (Illinois) * Change (+ or -) ** MiGate Passenger Scommercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 9,184,414 -8.8% 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory The Bituminous Casualty Corporation is organization, specify organization): filing to adopt NCCI's 9-1-11, loss costs revision reflecting the enactment of House Bill 1698 using each company's previously approved expense multiplier. This filing will apply to all new and renewal policies with effective dates on or after 9-1-11. Likewise, a premium adjustment will be made to all outstanding policies with effective dates between 10-1-10 and 8-31-11. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Bituminous Casualty Corporation Name of Company - Vice President-Underwriting Official - Title



SEP 0 1 2011 SUMMARY SHEET

| Change in Company of Michael Change in Company of Michael Change (1978) | ANCErate level produced b | oy rate |
|--|--|--|
| revision effet (15) (17) (17) (17) (17) (17) (17) (17) (17 | (0) | (3) |
| (1) 5000 | (2)
Annual Premium | Percent |
| Coverage | Volume (Illinois) * | Change (+ or -)** |
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage
Private Passenger
Commercial | | |
| 3. Liability Other Than Auto | | |
| - | · · · · · · · · · · · · · · · · · · · | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | • |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | 1 120 004 | -8.8% |
| 15. Other Workers Compensation Line of Insurance | 1,129,094 | -8.8% |
| Does filing only apply to certain If so, specify: N/A | territory (territories)or | certain classes: |
| Brief description of filing. (If organization organization) * Adjusted to reflect all prior | Company are filing to loss costs revision renactment of House Bi company's previously multiplier. This fill new and renewal polic dates on or after 9-1 premium adjustment wi outstanding policies between 10-1-10 and 8 rate changes. | and Marine Insurance of adopt NCCI's 9-1-11 reflecting the fill 1698 using each approved expense ling will apply to all cies with effective 1-11. Likewise, a fill be made to all with effective dates |
| ** Change in Company's premium lever result from application of new | rates. | |
| Bi | tuminous Fire and Marine I | |
| | Name of Compar | ny |
| | mother + (occur | |
| | - Vice Pre | sident-Underwriting |
| · · | Official - Tit | |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium | or rate level produced by rate revision ef | fective 9/1/2011 |
|---|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damas | ge | |
| Private Passenger Com 3. Liability Other Than Auto | nmercial | |
| | *************************************** | |
| 4. Burglary and Theft5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | • |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensati | on\$655,438 | -8.80% |
| Line of Insurance | | |
| Does filing only apply to certain
All Territories and Classes | territory (territories) or certain classes? If | so, specify: |
| Brief description of filing. (If filing Adoption of 9/1/2011 NCCI Los | g follows rates of an advisory organizations Cost (Law Only) change. | n, specify organization): |
| *Adjusted to reflect all prior rate **Change in Company's premiu | changes.
m level which will result from application o | of new rates. |
| | Rigon | nington Compensation Insurance Company |
| | <u></u> | Name of Company |
| | | |
| • | Wendy J. E | Book , WC Mgr. of Corp. Compliance & UW Serv. Official – Title |



SEP 0 1 2011

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 09/01/2011 new and renewal 2011

| _ | (1) | (2)
Annual Premium | STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPEINGFIELD, ILLINOIS |
|------------|-------------------------------------|---|---|
| - | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 3 . | Fidelity | | ************************************** |
| 7. | Surety | | |
| 3. | Boiler and Machinery | *************************************** | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$1,682,604 | -8.8% |
| | Life of Insurance | Ψ1,002,004 | -0.0 /6 |
| • | 2110 Of Modrafiee | | |
| · | Does filing only apply to certa | in territory (territories) or | certain |
| | Classes? If so, | | |
| | specify: NO | | <u> </u> |
| | | | |
| | Brief description of filing. (If fi | ling follows rates of an a | dvisory |
| | Organization, specify | 3 | • |
| | organization): | Adoption of NCCI State Fil | ing Circular IL 2011-02 |
| | with no modifications. | | |
| | | · | |
| | *Adjusted to reflect all prior ra | te changes. | |
| | **Change in Company's prem | ium level which will resu | It from application of new |
| | rates. | | |
| | | Capitol Indemnity | Corporation |
| | | | me of Company |
| | | | nior Product Analyst |
| | | | Official – Title |

SUMMARY SHEET

| | Change in Company's premium or rate | level produced by rate revision effective | re 09/01/2011 |
|-------|---|---|---------------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 4,563,017 | 8.8% |
| | Line of Insurance | | |
| _ | 71. 1 1 | | c |
| | filing only apply to certain territory (ter | ritories) or certain classes? If so, specif | ty: |
| No. | | | ···· |
| | | | |
| Deiof | description of filing. (If filing follows i | rates of an advisory organization speci- | fry organization): |
| | wer National Insurance Company her | | |
| | | | est voluntary Market Loss |
| Cos | sts and Rating Values effective 9/1/2 | 011. | |
| 117. | which to make this films offerting fo | mall maliaine affantissa am an aftan Ca | entambar 1 2011 |
| WE | wish to make this filing effective fo | an policies effective on or after se | eptember 1, 2011. |
| | | | |
| | | | |
| * / | Adjusted to reflect all prior rate changes. | FILED | |
| ** (| Change in Company's premium level wh | | |
| | result from application of new rates. | | |
| | | SEP 0 1 2011 | |
| | | | tlePoint National Insurance Co. |
| | | - STATE OF ILLINOIS | Name of Company |
| | | DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS | |
| | | ray | e V. Storch |
| | | Sen | ior Business Analyst |
| | | | Official - Title |

SUMMARY SHEET

| | Change in Company's premium or ra | ate level produced by rate revision effective | September 1, 2011 |
|----------------------|---|---|--------------------------|
| | (1) | (2) Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 3.
4. | Burglary and Theft | | |
| 4 .
5. | Glass | | |
| 5.
6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Comp | \$832,091 | -8.8% |
| | Line of Insurance | | |
| na | | (territories) or certain classes? If so, specify: | arganization): |
| | pting NCCI's 09/11 loss costs from c | ws rates of an advisory organization, specify of circular IL-2011-07. | ngamzauon): |
| | | enger, enger | |
| | | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Central Mutual Ins Co

Name of Company

SEP.0 1 2011

STATE OF ILLINOIS
PEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

| Chang | ge in Company's premium or rate level produced by rate revision | on effective | Sep | otember 1, 2011 |
|-------|--|---|---------------------------------|-------------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | _ | |
| | Commercial | | <u>.</u> | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | -
- | |
| 3. | Liability Other Than Auto | | _ | |
| 4. | Burglary and Theft | | - | |
| 5. | Glass | | _ | |
| 6. | Fidelity | | - | |
| 7. | Surety | | _ | |
| 8. | Boiler and Machinery Fire | | _
_ | |
| 9. | Fire | | _ | |
| 10. | Extended Coverage | | _ | |
| 11. | Inland Marine SEP 0 1 2011 | | _ | |
| 12. | Homeowicis | | _ | |
| 13. | Commercial Multi-Peril Crop Hail STATE OF ILLINOIS | | _ | |
| 14. | VEPARIMENT OF INCURANCE | E 0.007.933 | - | -8.9% |
| 15. | THE TELD, ILLINOIS | E 9,997,823 | _ | -0.978 |
| 16. | Other | | - | |
| | Line of Insurance | | | |
| Does | filing only apply to certain territory (territories) or certain classe | es? If so, specify | No. | |
| Brief | description of filing (if filing follows rates of an advisory organiz | ration, specify organization) | | ICCI approved |
| Worl | kers Compensation loss costs and rating values pe | er NCCI Circulars IL-2011 | -U2 and IL-201 | 1-U/ applicable to all |
| new | and renewal policies effective on and after 9/1/11a | as well as the unexpired p | ortion of policie | es as of 9/1/11 |
| exce | pt those policies expiring prior to 10/1/11. The filing | g maintains the current ar | proved deviati | on of +10.0%. |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a | application of new rates. | | |
| | RECEIVED | | Oak Fire Insura
e of Company | ance Company |
| | SEP 2 2 2011 | Gene Johnkoski, Jr. Ser | | |
| | | :.: | fficial Title | and an exercise to the second |

WC-IL-7

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Printing 08/95

SUMMARY SHEET

| Change in Company's premium or rate le | evel produced by rate revision effective | September 1, 2011 |
|--|--|--------------------------|
| | | |
| (1) | (2) | (3) |
| | Annual Premium | Percent |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | • | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$8,955,709 | -8.8% |
| Line of Insurance | | |
| Does filing only apply to certain territor | y (territories) or certain classes? If so, s | specify: |
| No. | | |
| | | |
| | ws rates of an advisory organization, spe | ecify organization): |
| Rate filing based on NCCI's approve | ed advisory loss costs. | |
| | | |
| * Adjusted to reflect all prior rate cha | | |
| ** Change in Company's premium le | | |
| result from application of new rates | 5. | |
| | | Chartis Casualty Company |
| | | Name of Company |
| | | |

FILED

Walter Murphy Filings Analyst

Official - Title

H29219D

SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

SEP 1 2 2011

SUMMARY SHEET

| Change in Company's premium or rate | e level produced by rate revision effect | tive September 1, 2011 |
|--|---|-----------------------------------|
| | • | *** |
| (4) | (0) | (3) |
| (1) | (2) | (3)
Percent |
| • | Annual Premium | |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | -\$863,045 | -8.8% |
| Line of Insurance | | |
| | " · · · · · · · · · · · · · · · · · · · | • |
| | ory (territories) or certain classes? If | so, specify: |
| No. | | |
| Brief description of filing (If filing fol | lows rates of an advisory organization | n. specify organization): |
| Rate filing based on NCCI's appro | | |
| | | |
| * Adjusted to reflect all prior rate of | | |
| ** Change in Company's premium | | |
| result from application of new ra | tes. | |
| | | Chartis Property Casualty Company |
| | _ | Name of Company |
| | | Name of Company |
| | _ | Walter Murphy |
| | | Filings Analyst |
| | | Official - Title |
| H29219D | | |
| | SEP 0 1 2011 | |
| | | |
| | STATE OF ILLINOIS | RECEIVED |
| | STATE OF ILLINOIS
PARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS | |
| DE | PARTIMETELD, ILLINOIS | |
| | יייי זכ | CED 1 9 2044 |

SEP 1 2 2011

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate le | evel produced by rate revision effective | 9/1/2011 |
|--|--|---|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Workers Compensation Line of Insurance | 36,247,177 | -12.5% |
| Brief description of filing. (If filing follows | (territories) or certain classes? If so, specify rates of an advisory organization, specify or e reference NCCI circulars IL-2011-02 and | organization): We are adopting NCCI's |
| *Adjusted to reflect all prior rate changes
**Change in Company's premium level w | rhich will result from application of new rate | s.
innati Casualty Company |
| | | Name of Company read - Senior Filings Analyst |
| | | Official – Title |



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| (1) (2) (3) Percent Coverage Volume (Itllinois)* (Percent Change (+ or -)*** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Fidelity 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify organization): We are adopting NCG aw-Only rates effective 9/1/2011. Please reference NCCI circulars IL-2011-02 and IL-2011-07 Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. The Cincinnati Indemnity Company Name of Company Name of Company Kara Armstead - Senior Filings Analyst Official - Title | Change in Company's premium or rate level produced by rate revision effective | | 9/1/2011 | |
|---|--|---|--|--|
| Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCC aw-Only rates effective 9/1/2011. Please reference NCCI circulars IL-2011-02 and IL-2011-07 Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. The Cincinnati Indemnity Company Name of Company Name of Company Name of Company | | Annual Premium | Percent | |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCC aw-Only rates effective 9/1/2011. Please reference NCCI circulars IL-2011-02 and IL-2011-07 Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. The Cincinnati Indemnity Company Name of Company Kara Armstead - Senior Filings Analyst | Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Culture Strended Coverage Inland Marine Lace Automose Indicate Indi | | | |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NC0 aw-Only rates effective 9/1/2011. Please reference NCCI circulars IL-2011-02 and IL-2011-07 Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. The Cincinnati Indemnity Company Name of Company Kara Armstead - Senior Filings Analyst | 5. Other Workers Compensation | 6,160,782 | -9.2% | |
| *Change in Company's premium level which will result from application of new rates. The Cincinnati Indemnity Company Name of Company Kara Armstead - Senior Filings Analyst | Brief description of filing. (If filing follows ra | ates of an advisory organization, specify o | rganization): We are adopting NCCI's | |
| Name of Company Kara Armstead - Senior Filings Analyst | | nich will result from application of new rate | s. | |
| Kara Armstead - Senior Filings Analyst Official - Title | | The Cinci | | |
| | | Kara Armst | ead - Senior Filings Analyst
Official - Title | |



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level | produced by rate revision effective | 9/1/2011 |
|--|--|--|
| (1) | (2)
Annual Premium | (3)
Percent |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability Private | | |
| Passenger Commercial 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| B. Liability Other Than Auto | | |
| 4. Burglary and Theft
5. Glass | | |
| 5. Fidelity | | |
| 7. Surety | | |
| Rollor and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 8,268,331 | -15.4% |
| Does filing only apply to certain territory (terr | es of an advisory organization, specify | organization): We are adopting NCCI's |
| <u>aw-Only rates effective 9/1/2011. Please re</u> | <u>ference NCCI circulars IL-2011-02 and</u> | d IL-2011-07 |
| Adjusted to reflect all prior rate changes. *Change in Company's premium level whicl | The Cinc | cinnati Insurance Company Name of Company stead - Senior Filings Analyst |
| | | Official – Title |
| | | |

SEP 0 1 2011

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate lev | vel produced by rate revision effective 9/1/20 | 11 |
|------------|---|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 12.
13. | Inland Marine | | |
| | Other Workers Compensation | - | -8.8% |
| | Line of Insurance | | |
| Doe | es filing only apply to certain territory (te | erritories) or certain classes? If so, specify: | N/A |
| | ef description of filing. (If filing follows ration of NCCI Law-Only filing effective Septemb | ates of an advisory organization, specify orga
er 1, 2011 | nization): |
| | justed to reflect all prior rate changes.
hange in Company's premium level wh | ich will result from application of new rates. | |
| | | Colonial American Casualty a | nd Surety Company |
| | | | me of Company |

Official – Title

Gary Shook, Vice President and Chief Pricing Actuary



SEP 0 1 2011

RECEIVED

SEP 2 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

SUMMARY SHEET

| Change in Company's premium or rate I | evel produced by rate revision effective | September 1, 2011 |
|---|---|--|
| , , , | | |
| (4) | (2) | (3) |
| (1) | (2)
Annual Premium | Percent |
| • | | Change (+ or -)** |
| Coverage | Volume (Illinois)* | Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$28,634,924 | -8.8% |
| Line of Insurance | | |
| | | |
| | ry (territories) or certain classes? If so, | specify: |
| No. | | |
| Brief description of filing. (If filing follo | ws rates of an advisory organization, s | pecify organization): |
| Rate filing based on NCCI's approv | | |
| A A II I I I God all agrico acts als | | |
| * Adjusted to reflect all prior rate ch | | |
| ** Change in Company's premium le | | |
| result from application of new rate | S. | |
| | | Commerce and Industry |
| | | Insurance Company |
| | | Name of Company |
| | | Walter Murphy |
| | | Filings Analyst |
| | | Official - Title |
| H29219D | | The second secon |
| 11292190 | FILED | |
| | - CASSI | |
| | SEP 0 1 2011 | RECEIVED |
| | / | |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SEP 1 2 2011

FORM RF-3

| ange i | n Company's premium or rate level produced by rate revis | ion effective: | 9/1/11 |
|--------------|---|---------------------------------------|-----------------------------|
| | (1) | (2)
Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) ** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 0. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | · · · · · · · · · · · · · · · · · · · | |
| 3. | Commercial Multi-Peril | | |
| 13. | | | |
| 5. | Crop Hail | 3,801,547 | -8.9% |
| 15.
16. | Workers Compensation Other: | 3,001,347 | -3.770 |
| 10. | Other: | | |
| es filii | ng only apply to certain territory (territories) or certain cla | sses? If so, specify. | Not Applicable |
| of dec | scription of filing (if filing follows rates of an advisory org | anization, specify organization). | |
| <u>W</u> | e are adopting the 9/1/2011 NCC1 IL "Law Only" changes | to voluntary rates with an effective | e date of 9/1/2011 |
| | C. With a Branchan | | , |
| | -force Written Premium
nange in Company's premium level which will result from | application of new rates. | |
| | | | |
| | | | sualty Company |
| | | | Company |
| | | | |
| | | | |
| - | | Robert Anderson, ACAS, A | ctuarial Consulting Directo |
| | | | l - Title |

SEP 0 1 2011

FORM RF-3

| Change in Company's premium or rate level produced by rate rev | ision effective <u>Septe</u> | mber 1, 2011 |
|--|---|-------------------------------------|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or –)** |
| Automobile Liability Private Passenger | volume (minois) | Change (+ or -) |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass
6. Fidelity | | |
| | | |
| 7. Surety | | |
| 8. Boiler and Machinery SEP 0 1 2011 | **** | |
| 9. Fire | | |
| 10. Extended Coverage 11. Inland Marine STATE OF ILLINOIS | | |
| DEPARTMENT OF INSURANCE | | |
| 12. Homeowners SPRINGFIELD, ILLINOIS 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$10,000,000 | -8.8% |
| 16. Other | <u> </u> | |
| Line of Insurance | | |
| Does filing only apply to certain territory (territories) or certain clas | ses? If so, specify <u>No</u> | |
| Brief description of filing (if filing follows rates of an advisory organ | ization, specify organiza | tion) Adopting NCCI |
| Voluntary rates and rating values effective September 1, 20 | 11 without deviation, a | applicable to all new, renewal, an |
| outstanding policies. This is a law-only filing reflecting enaction | | |
| Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application. | cation of new rates. | |
| | | |
| | Continen | tal Indemnity Company |
| | | Name of Company |
| | Joan Klu | carich, Actuary |
| | | cial — Title |
| | | • |
| | | |
| | | |

FORM RF-3

| (1) | | 9/1/11 |
|---|---|--|
| | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois) * | Change (+ or -) * |
| 1 . Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial 3 Liability Other than 14 to | | |
| 3. Liability Office than A-ato | | |
| 4. Burglary and Theft | 0 1 2011 | |
| | | |
| 6. Fidelity | | |
| 7 Surety STATE | E OF ILLINOIS | |
| Boiler and Machinery | E OF ILLINOIS
ENT OF INSURANCE
GEIELD, ILLINOIS | |
| SFR | GFIELD, ILLINOIS | |
| Extended Coverage | | |
| 1. Inland Marine 2. Homeowners | | · |
| 2. Homeowners 3. Commercial Multi-Peril | | |
| Crop Hail | | |
| 5. Workers Compensation | 353,864 | -9.4% |
| 6. Other: | | |
| | | |
| | rritories) or certain classes? If so, specify. | Not Applicable |
| s filing only apply to certain territory (ter | | |
| f description of filing (if filing follows ra | ates of an advisory organization, specify organization). | ive data of 9/1/2011 |
| f description of filing (if filing follows ra | ates of an advisory organization, specify organization). L "Law Only" changes to voluntary rates with an effect | ive date of 9/1/2011 |
| f description of filing (if filing follows ra We are adopting the 9/1/2011 NCCI II In-force Written Premium | L "Law Only" changes to voluntary rates with an effect | ive date of 9/1/2011 |
| description of filing (if filing follows ra We are adopting the 9/1/2011 NCCI II In-force Written Premium | ates of an advisory organization, specify organization). L "Law Only" changes to voluntary rates with an effect which will result from application of new rates. | ive date of 9/1/2011 |
| description of filing (if filing follows ra We are adopting the 9/1/2011 NCCI II In-force Written Premium | L "Law Only" changes to voluntary rates with an effect which will result from application of new rates. | |
| description of filing (if filing follows ra We are adopting the 9/1/2011 NCCI II In-force Written Premium | L "Law Only" changes to voluntary rates with an effect which will result from application of new rates. The Continental | ive date of 9/1/2011 Insurance Company of Company |
| We are adopting the 9/1/2011 NCCI II In-force Written Premium | L "Law Only" changes to voluntary rates with an effect which will result from application of new rates. The Continental Name of | Insurance Company |

FORM RF-3

| Change in Company's premium or rate level produced by rate | e revision effective | September 1, 2011 |
|---|---|---|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire 10. Extended Coverage | | |
| 10. Extended Coverage | <u> </u> | |
| 11. Inland Marine | | |
| 12. Homeowners SEP 0 1 2011 | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail STATE OF ILLINOIS | | |
| 15. Workers Compens PARTMENT OF INSURAN | 1,343,442 | -8.8% |
| 16. Other SPRINGFIELD, ILLINOIS | | |
| Line of Insurance | | |
| | | |
| Does filing only apply to certain territory (territories) or certain | n classes? If so, specify No |). |
| Brief description of filing (if filing follows rates of an advisory Workers Compensation loss costs and rating values | ues per NCCI Circulars IL-2011-02 | doption of NCCI approved and IL-2011-07 applicable to all |
| new and renewal policies effective on and after 9 | /1/11as well as the unexpired portion | on of policies as of 9/1/11 |
| except those policies expiring prior to 10/1/11. Th | ne filing maintains the current appro | ved deviation of -10.0%. |
| * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will resu | It from application of new rates. | |
| | Discover Property and | d Casualty Insurance Company |
| | | Company |

SEP 2 2 2011

RECEIVED

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

Gene Johnkoski, Jr. Senior Regulatory Analyst

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate | level produced by rate revision effective | December 1, 2011 |
|--|--|-------------------------------------|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** |
| Coverage | voidine (minois) | Change (For) |
| Automobile Liability | | |
| Commercial | | |
| Automobile Physical Damage
Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 11,522,372 | -8.8% |
| Line of Insurance | | |
| Does filing only apply to certain territo
All territories and classes | ry (territories) or certain classes? If so, specify | : |
| | llows rates of an advisory organization, specify osts (circular IL-2011-07) for New and Renewa | |
| with an effective date of 12/1/201 | | |
| | | |
| *Adjusted to reflect all prior rate change in Company's premium leve | ges.
el which will result from application of new rate | S. |
| | Employers Inc | urance Company of Wausau |
| | | ame of Company |
| | Bonnie Roe | der State Filings Analyst |
| | | Official - Title |
| | | |



DEC 0 1 2011

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FILED

FORM (RF-3)

| SEP | 0 | 1 | 2011 |
|-----|---|---|------|
|-----|---|---|------|

| effective_ | September 1, 2011 | SUMMARY SHEET DEPA ium or rate level produce® | ILLINOIS |
|------------------------------------|------------------------|--|---|
| , | (1) | (2) | (3) |
| , | 3 | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | le Liability Private | | |
| Passenge | | | |
| Commerc | | | |
| | le Physical Damag | | |
| Private Pa | • | | |
| | | | |
| - | Other Than Auto | | |
| Burglary a | and men | | |
| Fidelity | | | |
| Surety | | | |
| • | d Machinery | | |
| Fire | i Machinery | 4 | |
| - ··· - | Coverage | | |
| Inland Ma | _ | | |
| Homeowr | | | |
| | ial Multi-Peril | | ***** |
| Crop Hail | idi ividiti i olii | | |
| • | orkers Compensation | 230,890 | -8.8% |
| | fe of Insurance | | 0.070 |
| Does filin
Classes?
specify: | | tain territory (territories) or | certain |
| Brief des | cription of filing (If | f filing follows rates of an ac | dvisorv |
| | tion, specify | ig ionotto latos of all at | _ · · · · · · · · · · · · · · · · · · · |
| organizat | | Adoption of NCCI's Volunt | tary Rates and Rating Values |
| September 1 | • | | |
| | | | |
| | to reflect all prior | rate changes.
mium level which will resul | t from application of n |
| rates. | company o pro | | |
| | | Explore | er Insurance Company |
| | | LAPIOIC | i insurance company |
| | | | me of Company |
| | | Nar | |

FORM RF-3

| Chang | ge in Company's premium or rate level produced by rate revision | on effective | Sept | ember 1, 2011 |
|-------|---|---|--------------------|-------------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | -
-
 | |
| 3. | Liability Other Than Auto | | _ | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | _ | |
| 6. | Fidelity | | _ | |
| 7. | 0 | | <u> </u> | |
| 8. | Boiler and Machinery | | - | |
| 9. | Fire | | - | |
| 10. | Extended Coverage | | _ | |
| 11. | Inland Marine SEP 0 1 2011 | | _ | |
| 12. | Homeowners | | _ | |
| 13. | Commercial Multi-Peril STATE OF ILLINOIS | | _ | |
| 14. | Crop Hail DEPARTMENT OF INSURANCE | | _ | |
| 15. | Workers Compensation SPRINGFIELD, ILLINOIS | 14,520,535 | - | -9.0% |
| 16. | Other | | _ | |
| 10. | Line of Insurance | | - | |
| Does | filing only apply to certain territory (territories) or certain classe | es? If so, specify | No. | |
| Wor | description of filing (if filing follows rates of an advisory organization compensation loss costs and rating values per and renewal policies effective on and after 9/1/11ate those policies expiring prior to 10/1/11. The filing | er NCCI Circulars IL-2011-
as well as the unexpired po | ortion of policies | -07 applicable to all sas of 9/1/11 |
| | | | | |
| ** | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a | application of new rates. | | |
| | | Farming | gton Casualty C | ompany |
| | | | e of Company | |
| | RECEIVED | | , - | |
| | | Gene Johnkoski, Jr. Sen | | Analyst |
| | SEP-2-2-2011 | Of | ficial - Title | |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| | (1) | (2)
Annual Premium | (3)
Percent |
|------|---|---|--------------------------|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | | | |
| | Crop Hail | | |
| 15. | Other Workers Compensation | - | -8.8% |
| | Line of Insurance | | |
| _ | Cities and a soul at a south in the mile was the mile | anian) an antain alassas If an annaifu | ALIA |
| DO | es filing only apply to certain territory (territ | ones) or certain classes? If so, specify. | N/A |
| | | | |
| Rric | ef description of filing. (If filing follows rates | s of an advisory organization, specify orga | anization). |
| | otion of NCCI Law-Only filing effective September 1, | | |
| 700 | Mon of Noor Law-only ming checkive deptember 1; | 2011 | |

Fidelity and Deposit Company of Maryland

Name of Company



Gary Shook, Vice President and Chief Pricing Actuary

Official - Title

SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

SEP 2 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM RF-3

| Chang | e in Company's premium or rate level produced by rate revision | n effective | Sep | tember 1, 2011 |
|-------------------|---|---|---------------------------------|--------------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -)** |
| 1.
2. | Automobile Liability Private Passenger Commercial Automobile Physical Damage | |
 | |
| ۷. | Private Passenger Commercial | | | |
| 3.
4. | Liability Other Than Auto Burglary and Theft | | -
- | |
| 5.
6. | Glass
Fidelity | | <u> </u> | |
| 7.
8. | Surety Boiler and Machinery | | | |
| 9.
10.
11. | Fire Extended Coverage Inland Marine | |
 | |
| 12.
13. | Homeowners Commercial Multi-Peril SEP 0 1 2011 | | -
 | |
| 14.
15.
16. | Crop Hail Workers Compensation STATE OF ILLINOIS Other DEPARTMENT OF INSURANCE Line | 2,999,058 |
 | -9.0% |
| Does | filing only apply to certain territory (territories) or certain classes | s? If so, specify | No. | |
| Worl | description of filing (if filing follows rates of an advisory organizaters Compensation loss costs and rating values per
and renewal policies effective on and after 9/1/11astept those policies expiring prior to 10/1/11. The filing | r NCCI Circulars IL-2011-
s well as the unexpired po | ortion of policies | 1-07 applicable to all sas of 9/1/11 |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a | | | |
| | | | Guaranty Insura
e of Company | ance Company |
| - | RECEIVED | Gene Johnkoski, Jr. Ser | ior Regulatory | |
| | | | | |

SEP 2 2 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

FORM RF-3

| Chan | ge in Company's premium or rate level produced by rate revisi | on effective | Sep | otember 1, 2011 |
|-------|--|---|-------------------|-------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 4 | A | | • | |
| 1. | Automobile Liability | | | |
| | Private Passenger | | - | |
| _ | Commercial | | _ | |
| 2. | Automobile Physical Damage | | - | |
| | Private Passenger
Commercial | | - | |
| 3. | Liability Other Than Auto | | _ | |
| 4. | Burglary and Theft | | _ | |
| 5. | Glass | | - | |
| 6. | | | - | |
| 7. | Fidelity
Surety | | - | |
| 8. | Boiler and Machinery | | - | |
| 9. | F1 | | - | |
| 10. | Extended Coverage SEP 0 1 2011 | | - | |
| 11. | Inland Marine | | _ | |
| 12. | Homeowners STATE OF ILLINOIS | | - | |
| 13. | Commercial Multi-Peril SPRINGFIELD, ILLINOIS | | - | |
| 14. | Crop Hail | | _ | |
| 15. | Workers Compensation | 27,346 | | -8.7% |
| 16. | Other | | - | |
| 10. | Line of Insurance | | _ | • |
| | Line of insurance | | | |
| Does | filing only apply to certain territory (territories) or certain class- | es? If so, specify | No. | |
| | | | | |
| Brief | description of filing (if filing follows rates of an advisory organize | zation, specify organization) | | ICCI approved |
| Wor | kers Compensation loss costs and rating values po | er NCCI Circulars IL-2011 | -02 and IL-201 | 1-07 applicable to all |
| new | and renewal policies effective on and after 9/1/11a | as well as the unexpired p | ortion of policie | es as of 9/1/11 |
| exce | ept those policies expiring prior to 10/1/11. The filin | ng maintains the current ar | proved deviati | on of -20.0%. |
| | | | | |
| * | Adjusted to reflect all prior rate changes | | | |
| ** | Changes in Company's premium level which will result from | application of new rates. | | |
| | | | | |
| | | Fidelity and Guar | ranty Insurance | e Underwriters, Inc. |
| | | | e of Company | |
| | | Ham | | |
| | RECEIVED | | | |
| | | Gene Johnkoski, Jr. Ser | | Analyst |
| | 055 | | fficialTitle- | |
| | SEP 2 2 2011 | | | |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Cha | nge in Company's premium or rate I | evel produced by rate revision effective | December 1, 2011 |
|----------|--|---|---------------------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Commercial | | |
| 2. | Automobile Physical Damage
Commercial | | |
| 3.
4. | Liability Other Than Auto Burglary and Theft | | |
| ч.
5. | Glass | | |
| 6.
7. | Fidelity
Surety | | |
| 8. | Boiler and Machinery | | |
| 9.
10 | Fire Extended Coverage | <u> </u> | |
| | Inland Marine | - | |
| | Homeowners
Commercial Multi-Peril | | · · · · · · · · · · · · · · · · · · · |
| | Crop Hail | | |
| 15. | Other Workers Compensation Line of Insurance | 4,628,774 | -8.8% |
| Doe | s filing only apply to certain territory
All territories and classes | (territories) or certain classes? If so, specify | r: |
| Brie | | ows rates of an advisory organization, specify sts (circular IL-2011-07) for New and Renewa | |
| | with an effective date of 12/1/2011 | • | |
| | justed to reflect all prior rate change
Change in Company's premium level | es.
which will result from application of new rate | S. |
| | | | erty Insurance Corporation |
| | | . N | ame of Company |
| | • | Bonnie Roe | der State Filings Analyst |
| | | | Official - Title |
| | | | |



DEC 0 1 2011

FILED

JAN 0 1 2012

Form (RF-3)

STATE OF ILLINOIS SUMMARY SHEET DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

| (| Change in Company's premium or rate | level produced by rate revision effect | ive 01-01-2012 |
|-----------|--|---|--|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | (| |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | 1.140 | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$1,215,539 | -8.9% |
| | Line of Insurance | | |
| | | | |
| Does f | iling only apply to certain territory (ter | ritories) or certain classes? If so, spec | eify: |
| <u>No</u> | | | |
| | | | |
| | | | |
| | lescription of filing. (If filing follows | | eify organization): |
| Adop | ting NCCI-approved 9/1/2011 Law Or | nly filing effective 1/1/2012. | |
| | | | , <u>ware to a second and a second a second and a second an</u> |
| | | | |
| | | | |
| * A | djusted to reflect all prior rate changes | | |
| | nange in Company's premium level whe sult from application of new rates. | IICH WIH | |
| res | suit from application of new rates. | • | |
| | | F. | rst National Insurance Company |
| | | | America |
| | | | Name of Company |
| | | | ramo or company |

Name of Company

Eric Neely Senior Vice President, Product Management and Underwriting

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

NOV 0 1 2011

FORM (RF-3)

| | 1 2011 |
|--|--------------------------|
| SUMMARY SHEET | DEPARTME OF ILL |
| | SPRINGE OF INS |
| SUMMARY SHEET Change in Company's premium or rate level produced by r | ate revision LLINOIS NCE |

effective 11/01/2011 (2) (1) (3)**Annual Premium** Percent Coverage Volume (Illinois) * Change (+or-) ** 1. Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$13,499,672 -8.9% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI Circular IL-2011-02 - as prescribed by House Bill 1698 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Frankenmuth Mutual Insurance Company

Name of Company

Annie Kribs - Commercial Product Analyst



JAN 0.1 2012

Form (RF-3)

SUMMARY SHEETATE OF ILLINOIS DEPARTMENTER ILLINOIS SPRINGERED ILLINOIS

| (| Change in Company's premium or rate | level produced by rate revision effective | 01-01-2012 |
|---------|---|--|-------------------------------|
| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| 1 | A | | |
| 1. | Automobile Liability | | |
| | Private Passenger
Commercial | | |
| 2. | Automobile Physical Damage | | |
| ۷. | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$955,784 | -8.7% |
| | Line of Insurance | | |
| Does f | iling only apply to certain territory (ter | ritories) or certain classes? If so, specify | |
| Brief o | description of filing. (If filing follows oting NCCI-approved 9/1/2011 Law Or | | organization): |
| ** C | djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates. | | |
| | | Gene | ral Insurance Company of |

a which

America

Eric Neely Senior Vice President, Product Management and Underwriting

Official - Title

Name of Company

SUMMARY SHEET

| Change in Company's premium or rate l | evel produced by rate revision effective | September 1, 2011 |
|--|---|--------------------------------|
| | · | |
| (1) | (2)
Annual Premium | (3)
Percent |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| Commercial Multi-Peril | | |
| 14. Crop Hail | | 2.00/ |
| 15. Other Workers' Compensation | \$1,244,029 | -8.8% |
| Line of Insurance | | |
| | (1 | : |
| | ry (territories) or certain classes? If so, s | респу. |
| No. | | |
| Priof description of filing (If filing follo | ows rates of an advisory organization, spe | ecify organization): |
| Rate filing based on NCCI's approv | | ony organization). |
| Rate Illing based on Noor's approv | ed davisory loss costs. | |
| * Adjusted to reflect all prior rate ch | anges. | |
| ** Change in Company's premium le | | |
| result from application of new rate | | |
| , | | |
| | G | ranita Stata Insuranca Company |

Name of Company

Walter Murphy Filings Analyst

Official - Title

H29219D

SEP 0 1 2011

FILED

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

SEP 1 2 2011

H29219D

SUMMARY SHEET

| Change in Company's premiur revision effective 9/1/2011 | n or rate level produced | d by rate |
|---|---|--|
| (1) | (2) Annual Premium | |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ OL) |
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage Private Passenger | | |
| Commercial 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| lO. Extended Coverage | | |
| ll. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | · . |
| 14. Crop Hail | | |
| 15. Other Workers Compensation Line of Insurance | 748,100 | -8.2% |
| Does filing only apply to certain If so, specify: N/A | | |
| Brief description of filing. (If organization | <pre>filing follows rates of): Adopting NCCI Law-C</pre> | nly Filing Reflecting |
| | | |
| * Adjusted to reflect all prior r | ate changes. | |
| ** Change in Company's premium lev result from application of new | el which will | SEP 0 1 2011 |
| | Graphic Arts Mutual Ins | STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD ILLINOIS |
| | Graphic Arts Mutual Ins | |
| | Name of Comp | , and the second |
| | | • |
| | | |
| Dian | Howselfan - Assistant Vice | President & Managing Actuary |
| | Official - T | |



FORM RF - 3

NOV 0 1 2011

| | · · · · · · · · · · · · · · · · · · · | 11/1/2011 | STATE OF ILLINOIS DEPARTMENT OF INSURAN |
|-----|---|------------------------------------|---|
| | (1) | (2) | SPRINGFIELD, ILLINOIS |
| | (1) | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) * |
| | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| | Automobile Physical Damage
Private Passenger
Commercial | | |
| | | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Workers Compensation | \$13,156,628 | 10.8% |
| | Other | | |
| | (Line of Insurance) | | |
| ٠. | ng only apply to certain territory (territories | c) or cortain classes? If so, sn | ecify: NO |
| Ш | ng only apply to certain termory (termones | s) of Certain Classes: if so, sp | ecity. NO |
| _ | | | |
| | | A+ *** | |
| ۆزد | scription of filing. (If filing follows rates of a | an advisory organization, spec | ify organization): |
| | n of NCCI Loss Costs and Rating Values t | | |
| | September 1, 2011. Our filing (IL102020 | | |
| - | <u> </u> | | |
| - | | | 50 J. 10 J. |
| _ | | | |
| | * Adjusted to reflect all prior rate change | es. | |
| | ** Change in Company's premium level v | which will result from application | on of new rates. |
| | | | |
| | | Great American Alliano | re Insurance Company |
| | | | ne of Company |
| | | · · | no or company |
| | | | |
| | | Daniel Laurette Daniel | |
| | | Donna Lansing, Produc | |

FILED

FORM RF - 3

NOV 0 1 2011

| | | | STATE OF ILLINOIS RTMENT OF INSURANCE |
|-------|--|--|---------------------------------------|
| | (1) | (2)
Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) * |
| | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| | Automobile Physical Damage | - Andrew Control of the Control of t | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Workers Compensation | \$9,067 | -9.4% |
| | Other | 40,000 | |
| | (Line of Insurance) | | |
| s fil | ling only apply to certain territory (territori | es) or certain classes? If so, specify: | NO |
| | | | |
| ptio | escription of filing. (If filing follows rates of
on of NCCI Loss Costs and Rating Values
e September 1, 2011. Our filing (IL10202 | from NCCI Circular IL-2011-02 | |
| ptio | on of NCCI Loss Costs and Rating Values | s from NCCI Circular IL-2011-02
2CG000148) to be effective Novemb | er 1, 2011. |
| ptio | on of NCCI Loss Costs and Rating Values e September 1, 2011. Our filing (IL10202 * Adjusted to reflect all prior rate change | s from NCCI Circular IL-2011-02
2CG000148) to be effective Novemb | new rates. |
| ptio | on of NCCI Loss Costs and Rating Values e September 1, 2011. Our filing (IL10202 * Adjusted to reflect all prior rate change | ges. I which will result from application of Great American Assurance | new rates. |
| otio | on of NCCI Loss Costs and Rating Values e September 1, 2011. Our filing (IL10202 * Adjusted to reflect all prior rate change | ges. I which will result from application of Great American Assurance | new rates. Company Company |

FILED

FORM RF - 3

NOV 0 1 2011

| | | 11/1/2011 | STATE OF ILLINOIS |
|----------|--|--|---|
| | (1) | (2)
Annual Premium | DEPARTMENT OF INSURANCE
SPRINGFIELD, (18) INOIS
Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) ** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | · |
| 11. | Inland Marine | | |
| | | | |
| 12. | Homeowners | • • | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | <u> </u> | |
| 15. | Workers Compensation | \$1,086,270 | 8.9% |
| 16. | Other | | |
| | (Line of Insurance) | | |
| Does fi | ling only apply to certain territory (territories | s) or certain classes? If so, spo | ecify: NO |
| | | | |
| Brief de | escription of filing. (If filing follows rates of a | an advisory organization, spec | ify organization): |
| Adoptio | on of NCCI Loss Costs and Rating Values f | rom NCCI Circular IL-2011-02 | 2 |
| effectiv | e September 1, 2011. Our filing (IL102020 | CG000148) to be effective Nov | vember 1, 2011. |
| | | | |
| | * Adjusted to reflect all prior rate aboves | | |
| | * Adjusted to reflect all prior rate change ** Change in Company's premium level v | | on of new rates |
| | change in company o promain level i | The state of the s | |
| | | Great American Insura | nce Company of New York |
| | and the same and t | | ne of Company |
| | | | 4.4 |
| | | Donna Lansing, Produ | |
| | | Official | - Title |

ILLINOIS SUMMARY SHEET FORM RF-3

| Chan | ge in Company's premium or rate level produced by rate | revision effective Septemb | er 1, 2011 |
|-------|--|---|----------------------|
| | (1) | (2)
Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire | | |
| 9. | Fire OF ILL INSUMS | | |
| 10. | Extended Coverage STATE OF NILL. | | |
| 11. | Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commonsial Multi-Decil | *************************************** | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Workers Compensation | 6,572,951 | -8.6% |
| 16. | Other | | |
| 10. | Line of Insurance | | |
| | | | |
| Does | filing only apply to certain territory (territories) or certain | classes? If so, specify | |
| Brief | description of filing (if filing follows rates of an advisory or | rganization, specify organization | on) Adoption of NCCI |
| Law- | Only Advisory Rates, without deviation, approved under N | NCCI Circular IL-2011-07 to be | e effective |
| | ember 1, 2011. | | |
| | Adjusted to reflect all prior rate changes. | | |
| | change in Company's premium level which will result from | n application of new rates | |
| | change in Company's premium level which will result hold | ir application of new rates. | |
| | | Great West Casualty C | ompany |
| | | Name of Com | |
| | | Janice L. Hohenste | ein. CPCU |
| | | Actuarial-Ana | |
| | | Official - Ti | |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | 09/01/1/ 8.8% |
|---|--|-------------------------------|
| (1)
<u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| Automobile Liability Private Processor Commonial | | |
| Passenger Commercial 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 327,066 | -8.8 |
| Line of Insurance | | |
| Does filing only apply to certain territory (te | erritories) or certain classes? If so, specify: ates of an advisory organization, specify org | No. anization): |
| Adopt loss costs en 9/1/2011 | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level wh | ich will result from application of new rates. Greenwich Insurance Compa | any
ame of Company |
| | • | and or company |
| | Joseph Binkowski, Assistant | : Vice President |
| | | Official - Title |



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate lev | vel produced by rate revision effective | 9/1/2011 |
|-----|---|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | • | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | • |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| 11. | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other 16.0 Workers' Compensation | 80,395 | -6.7% |
| | Line of Insurance | | |
| Doe | es filing only apply to certain territory (t | erritories) or certain classes? If so, specify: | NO |
| | ef description of filing. (If filing follows rate law change, we are adopting IL-2011-07 with | ates of an advisory organization, specify organion changes to company loss cost multipliers. | zation): |
| | justed to reflect all prior rate changes.
hange in Company's premium level wh | nich will result from application of new rates. | |
| | | GuideOne Elite Insurance | |
| | | | of Company |
| | | Joseph Highbarger, FCAS, MAAA | - Asst Vice President/Actuary |

FILED

Official - Title

SEP 0 1 2011

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate lev | el produced by rate revision effective | 9/1/2011 |
|--|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | · |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other 16.0 Workers' Compensation | 1,478,694 | -7.5% |
| Line of Insurance | | |
| | | |
| Does filing only apply to certain territory (te | erritories) or certain classes? If so, specify: | NO |
| | | |
| · · · · · · · · · · · · · · · · · · · | ates of an advisory organization, specify orga | nization): |
| Due to law change, we are adopting IL-2011-07 with r | no changes to company loss cost multipliers. | |
| | | |
| *Adjusted to reflect all prior rate changes.
**Change in Company's premium level wh | ich will result from application of new rates. | |
| | Cuido Ono Muhuol Inquissos | · |
| | GuideOne Mutual Insurance | ne of Company |
| | Nam | ie or company |
| | Joseph Highbarger, FCAS, MAA | A - Asst Vice President/Actuary |
| | Of | fficial – Title |



SEP 0-1 2011



SEP 2 2 2011

Form (RF-3)

STATE OF ILLINOIS SUMMARY SHEETDEPARTMENT OF INSURANCE SPRINGFIELD

| (| Change in Company's premium or rate | level produced by rate revision effect | tive 9/1/2011 |
|-------|--|---|--|
| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| | Coverage | volume (mmois) | <u>change (</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage
Private Passenger | · | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | <u> </u> | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 297,608 | -8.1 |
| | Line of Insurance | | |
| | iling only apply to certain territory (te | | |
| Adop | lescription of filing. (If filing follows tion of NCCI's September 1, 2011 Advisor Enactment of House Bill 1698 contains | y Rates, Loss Costs, and Rating Values as | ssociated with Law-Only Filing |
| ** Cl | djusted to reflect all prior rate changes nange in Company's premium level who sult from application of new rates. | | |
| | | E D H | arleysville Insurance Company Name of Company |
| | | SEP 0 1 2011 | 7:000 - A: 000 |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Eileen Fisher

Senior State Filings Analyst

FILED

RECEIVED

SEP 0 1 2011

SEP 2 2 2011

Form (RF-3)

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

STATE OF ILLINOIS
SUMMARY SHEET **DEPARTMENT OF INSURANCE**SPRINGFIELD

| (| Change in Company's premium or rate | level produced by rate revision effect | ive 9/1/2011 |
|------------|--|---|---|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| _ | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage Inland Marine | | |
| 11.
12. | | | |
| 12.
13. | Homeowners Commercial Multi-Peril | | |
| 13.
14. | Crop Hail | | |
| 15. | Other Workers Compensation | 4,095,951 | -8.3 |
| 13. | Line of Insurance | 4,093,931 | -0.3 |
| | Eme of modiumee | | |
| Does f | iling only apply to certain territory (ter | ritories) or certain classes? If so, spec | eify: |
| | | | |
| | | | |
| Drief | lescription of filing. (If filing follows: | rates of an advisory organization, spec | rify organization): |
| Adont | tion of NCCI's September 1, 2011 Advisor | Rates Loss Costs, and Rating Values as | sociated with Law-Only Filing |
| Reflec | cting Enactment of House Bill 1698 contain | ned in NCCI Circular IL-2011-07. No oth | er revisions are proposed at this time. |
| | | | |
| | djusted to reflect all prior rate changes. | | |
| | nange in Company's premium level wh | ich will | |
| res | sult from application of new rates. | | |
| | | ** | 1 21 7 1 6 7 1 |
| | | | arleysville Lake States Insurance |
| | | | Nome of Company |
| | | | Name of Company |
| | | | |
| | | | i Com A: Dan |
| | | | - Varec |

Eileen Fisher

Senior State Filings Analyst

RECEIVED

SEP 2 2 2011

FILED

Form (RF-3)

STATE OF ILLINOIS SUMMARY SHEE **DEPARTMENT OF INSURANCE**SPRINGFIELD

SEP 0 1 2011

| | Change in Company's premium or rate | evel produced by rate revision effective | ve 9/1/2011 |
|-------|--|---|---|
| | DEPARTMENT | FILLINOIS
OF INSURANCE) | (2) |
| | (1) SPRINGFIE | ELD, ILLINOIS
Annual Premium | (3)
Percent |
| | | Volume (Illinois)* | Change (+ or -)** |
| | Coverage | volume (minois) | Change (For) |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | - | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 109,908 | -8.1 |
| | Line of Insurance | | |
| | | | |
| Does | filing only apply to certain territory (terr | ritories) or certain classes? If so, spec | ify: |
| _ | | | |
| | | | |
| | | | |
| Brief | description of filing. (If filing follows i | ates of an advisory organization, spec- | ify organization): |
| Ado | ption of NCCI's September 1, 2011 Advisory | Rates, Loss Costs, and Rating Values ass | ociated with Law-Only Filing |
| Refl | ecting Enactment of House Bill 1698 contain | ed in NCCI Circular IL-2011-07. No other | er revisions are proposed at this time. |
| | | () -> | |
| * / | Adjusted to reflect all prior rate changes. | (n\a) | |
| ** (| Change in Company's premium level wh | cn wiii | |
| r | result from application of new rates. | | |
| | | На | rleysville Mutual Insurance |
| | | | mpany |
| | | <u></u> | Name of Company |
| | | | a or company |
| | | | 0 - 62 |
| | | > | Que din Que |
| = | | | - U-62-FC-U- |
| | | | |

Eileen Fisher

Senior State Filings Analyst

RECEIVED

SEP 2 2 2011

Form (RF-3)

SEP 0 1 2011

SUMMARY SHEET STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Eileen Fisher

Senior State Filings Analyst
Official - Title

| | Change in Company'S TATE OF ILLIN
DEPARTMENT OF TAKE
SPRINGFIELD, ILLI | OIS
IERANG Liced by rate revision effect
NOIS | ive 9/1/2011 |
|------|--|---|---|
| | (1) | (2) | (3) |
| | , , | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | - |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 1,236,779 | -8.1 |
| | Line of Insurance | | |
| | filing only apply to certain territory (ter | | |
| Ador | description of filing. (If filing follows a
ption of NCCI's September 1, 2011 Advisor-
ecting Enactment of House Bill 1698 contain | Rates, Loss Costs, and Rating Values as | sociated with Law-Only Filing |
| ** C | djusted to reflect all prior rate changes. Change in Company's premium level whesult from application of new rates. | | |
| | | | arleysville Preferred Insurance
ompany |
| | | | Name of Company |
| | | | Doon Jisher |

RECEIVED

FILED

SEP 2 2 2011

Form (RF-3)

SEP 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

SPRINGFIELD

| | Change in Company's FEARTMENTO
SPRINGFIELD | ILLINOIS
E사하9대체(유원)는 rate revision effectively.
ILLINOIS | ve <u>9/1/2011</u> |
|--|---|--|--|
| | (1) | (2) | (3) |
| | | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | Change $(+ \text{ or } -)^{**}$ |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | · | |
| | • | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| | • | 15,127 | -7.7 |
| 15. | Other Workers Compensation | 10,1 | |
| | Other Workers Compensation Line of Insurance | | |
| 15. | | | fy: |
| Does f | Line of Insurance | ritories) or certain classes? If so, speci
ates of an advisory organization, speci | fy organization): ociated with Law-Only Filing |
| Does for Adop Refle * A | Line of Insurance Tiling only apply to certain territory (territory of filing. (If filing follows ration of NCCI's September 1, 2011 Advisory cting Enactment of House Bill 1698 contain djusted to reflect all prior rate changes. hange in Company's premium level whi | ates of an advisory organization, speci
Rates, Loss Costs, and Rating Values assorted in NCCI Circular IL-2011-07. No other | fy organization): ociated with Law-Only Filing |
| Does for Adop Refle * A | Line of Insurance Tiling only apply to certain territory (territory of filing. (If filing follows ration of NCCI's September 1, 2011 Advisory cting Enactment of House Bill 1698 contain djusted to reflect all prior rate changes. | ates of an advisory organization, speci
Rates, Loss Costs, and Rating Values assorted in NCCI Circular IL-2011-07. No other | fy organization): ociated with Law-Only Filing |
| Does for Adop Refle * A | Line of Insurance Tiling only apply to certain territory (territory of filing. (If filing follows ration of NCCI's September 1, 2011 Advisory cting Enactment of House Bill 1698 contain djusted to reflect all prior rate changes. hange in Company's premium level whi | ates of an advisory organization, species Rates, Loss Costs, and Rating Values assed in NCCI Circular IL-2011-07. No other (n\a) ch will | fy organization): poiated with Law-Only Filing r revisions are proposed at this time. |
| Does for Adop Refle * A | Line of Insurance Tiling only apply to certain territory (territory of filing. (If filing follows ration of NCCI's September 1, 2011 Advisory cting Enactment of House Bill 1698 contain djusted to reflect all prior rate changes. hange in Company's premium level whi | ates of an advisory organization, species Rates, Loss Costs, and Rating Values assed in NCCI Circular IL-2011-07. No other (n\a) ch will | fy organization): ociated with Law-Only Filing r revisions are proposed at this time. |
| Does for Adop Refle * A | Line of Insurance Tiling only apply to certain territory (territory of filing. (If filing follows ration of NCCI's September 1, 2011 Advisory cting Enactment of House Bill 1698 contain djusted to reflect all prior rate changes. hange in Company's premium level whi | ates of an advisory organization, species Rates, Loss Costs, and Rating Values assed in NCCI Circular IL-2011-07. No other (n\a) ch will | fy organization): ociated with Law-Only Filing r revisions are proposed at this time. cleysville Worcester Insurance mpany |
| Does for Adoption Ado | Line of Insurance Tiling only apply to certain territory (territory of filing. (If filing follows ration of NCCI's September 1, 2011 Advisory cting Enactment of House Bill 1698 contain djusted to reflect all prior rate changes. hange in Company's premium level whi | ates of an advisory organization, species Rates, Loss Costs, and Rating Values assed in NCCI Circular IL-2011-07. No other (n\a) ch will | fy organization): ociated with Law-Only Filing r revisions are proposed at this time. |
| Does for Adoption Ado | Line of Insurance Tiling only apply to certain territory (territory of filing. (If filing follows ration of NCCI's September 1, 2011 Advisory cting Enactment of House Bill 1698 contain djusted to reflect all prior rate changes. hange in Company's premium level whi | ates of an advisory organization, species Rates, Loss Costs, and Rating Values assed in NCCI Circular IL-2011-07. No other (n\a) ch will | fy organization): ociated with Law-Only Filing r revisions are proposed at this time. cleysville Worcester Insurance mpany |

Eileen Fisher

Senior State Filings Analyst

SUMMARY SHEET

| hange in Company's premium or rate le | evel produced by rate revision effective | e September 1, 2011 |
|--|--|--|
| . , , | · | |
| (1) | (2) | (3) |
| (1) | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| <u>Coverage</u> | volume (minora) | <u>Shango (</u> |
| 1. Automobile Liability | | |
| Private Passenger | 1 | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | - | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| - | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | 0.00/ |
| 15. Other Workers' Compensation | \$107,443,378 | -8.8% |
| Line of Insurance | | |
| Does filing only apply to certain territor No. Brief description of filing. (If filing follo | ws rates of an advisory organization, s | |
| * Adjusted to reflect all prior rate cha | | |
| ** Change in Company's premium le
result from application of new rate | | |
| | | Illinois National Insurance Co. |
| | | Name of Company |
| | | Walter Murphy |
| | FILED | |
| | | Filings Analyst |
| | | Official - Title |

H29219D

SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
-- SPRINGFIELD, ILLINOIS

RECEIVED

SEP 1 2 2011

Change in Company's premium or rate level produced by rate revision effective: 09/01/2011

| | (1) | (2) | (3) |
|-----|---|---|---------------------------|
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability
Private Passenger
Commercial | | |
| 2. | Automobile Physical
Damage
Private Passenger
Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary & Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | ED |
| 7. | Surety | | |
| 8. | Boiler & Machinery | SEP (| 1 2011 |
| 9. | Fire | STATE O | F ILLINOIS |
| 10. | Extended Coverage | DEPARTMENT | OF INSURANCE |
| 11. | Inland Marine | · | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | • | |
| 15. | Worker's Compensation | \$3,795 | -8.8% |
| 16. | Other: | | |
| | Line of Insurance
ling only apply to certain territ
pecify: | cory (territories) or certain classes? NO | |
| | | lows rates of an advisory organization, spe
CCI 's Law Only filing in response to Public A | |
| | | nges.
vel which will result from application of nev | |

IMT Insurance Company
Name of Company
Paula Mumm, CPCU, Compliance Analyst, Research & Development
Official - Title

SUMMARY SHEET

| Change in Company's premium or rate | level produced by rate revision effective | ve September 1, 2011 |
|--|---|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation | \$20,207,663 | -8.8% |
| No. Brief description of filing. (If filing follows) | ory (territories) or certain classes? If so | |
| * Adjusted to reflect all prior rate ch ** Change in Company's premium le result from application of new rate | nanges.
evel which will | The Insurance Company of the State of Pennsylvania Name of Company |
| | | Walter Murphy Filings Analyst Official - Title |
| H29219D
 | SEP 0 1 2011 STATE OF ILLINOIS PARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS | RECEIVED |

SEP 1 2 2011

Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SEP 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS

| (1) | (2)
Annual Premium | (3)
Percent |
|---|---|--|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | 1 | • |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft Glass | | |
| | | |
| Fidelity | | |
| Surety Reiler and Machinery | | |
| Boiler and Machinery Fire | | |
| · · · · · | | |
| Extended Coverage Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers Compensation | 4,634,549 | -8.8% |
| Life of Insurance | 4,001,010 | 0.070 |
| Does filing only apply to cer Classes? If so, specify: No | tain territory (territories) or | certain |
| Brief description of filing. (It | f filing follows rates of an ac | dvisory |
| Organization, specify | J | • |
| organization): | Adoption of NCCI's Voluntary Advisory Rates and Rating Values | |
| effective September 1, 2011. | | |
| | | |
| *Adjusted to reflect all prior
**Change in Company's pre | | t from application of new |
| -rataa | | ···· |
| rates. | Insurance | e Company of the West |
| rates. | · · · · · · · · · · · · · · · · · · · | e Company of the West
ne of Company |
| rates. | Nar | e Company of the West
me of Company
Steinell, Sr. Filing Analyst |

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | December 1, 2011 | |
|---|---|--|---|
| • | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Commercial | | |
| 2. | Automobile Physical Damage Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other Workers Compensation | 27,640,717 | -8.8% |
| | Line of Insurance | | |
| Brie | All territories and classes ef description of filing> (If filing follow Delay Adoption of the NCCI loss costs | rs rates of an advisory organization, specify
s (circular IL-2011-07) for New and Renew | v organization): |
| | with an effective date of 12/1/2011. | Circular IL 2011 07/101 New and New | ar poriore |
| | With the checave date of 12/1/2011 | | |
| | ljusted to reflect all prior rate changes.
Change in Company's premium level w | hich will result from application of new rat | |
| | | | Insurance Corporation Name of Company |
| | • | | maine of Company |
| | | Ronnie Ro | eder State Filings Analyst |
| | | | Official - Title |
| | | | Official Trac |
| | | | FILED |
| | | | DEC 0 1 2011 |
| <u>.</u> . | | | STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS |

SUMMARY SHEET

| Change in Company's premium or rate level | produced by rate revision effective | December 1, 2011 |
|--|--|------------------------------|
| (1) | (2)
Annual Premium | (3)
Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Commercial | | |
| 3. Liability Other Than Auto | | VII. |
| 4. Burglary and Theft | | |
| 5. Glass | ** | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | - 10 Hz - 1515 | |
| | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation Line of Insurance | 31,315,560 | -8.8% |
| Does filing only apply to certain territory (te All territories and classes Brief description of filing > (If filing follows and classes) | rates of an advisory organization, spec | cify organization): |
| Delay Adoption of the NCCI loss costs (
with an effective date of 12/1/2011. | circular IL-2011-07) for New and Rend | ewai policies |
| with an enective date of 12/1/2011. | | |
| *Adjusted to reflect all prior rate changes. ** Change in Company's premium level whi | ch will result from application of new i | rates. |
| | Liberty M | utual Fire Insurance Company |
| | | Name of Company |
| | Bonnie I | Roeder State Filings Analyst |
| | Boilille i | Official - Title |
| · | | |
| | | DEC 0 1 2011 |
| | • | STATE OF HILIMOID |

SUMMARY SHEET

| Change in Company's premium or rate level produced b | y rate revision effective | December 1, 2011 |
|---|-------------------------------------|-----------------------|
| (1)
Anı | (2)
nual Premium | (3)
Percent |
| Coverage Volu | ume (Illinois)* | Change (+ or -)** |
| Automobile Liability | · | |
| Commercial | | |
| Automobile Physical Damage Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | - | |
| | 2,943,719 | -8.8% |
| Line of Insurance | 2/2 13/. 23 | |
| | | |
| Does filing only apply to certain territory (territories) or | certain classes? If so, specify: | |
| All territories and classes | | |
| | | |
| Brief description of filing> (If filing follows rates of an a | advisory organization, specify orga | anization): |
| Delay Adoption of the NCCI loss costs (circular IL-2 | 011-07) for New and Renewal po | licies |
| with an effective date of 12/1/2011. | - | |
| | | |
| | | |
| *Adjusted to reflect all prior rate changes. | | |
| ** Change in Company's premium level which will resul | t from application of new rates. | |
| | Liherty Mutual | Insurance Company |
| | | of Company |
| • | Name | o. company |
| | | State Filings Analyst |
| · | Offi | icial - Title |



DEC 0 1 2011

SUMMARY SHEET

| Chang | je in Company's premium or rate l | evel produced by rate revision effective | December 1, 2011 |
|----------|--|---|--------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. A | utomobile Liability | | |
| | Commercial | | |
| 2. A | utomobile Physical Damage | | |
| | Commercial | | |
| 3. Li | iability Other Than Auto | | |
| 4. B | urglary and Theft | | |
| 5. G | lass | | |
| 6. Fi | idelity | | |
| 7. S | urety | | |
| 8. B | oiler and Machinery | | |
| 9. Fi | ire | | |
| 10. E | xtended Coverage | | |
| 11. Ir | nland Marine | | |
| 12. H | omeowners | | |
| 13. C | ommercial Multi-Peril | | |
| 14. C | rop Hail | | |
| 15. O | ther Workers Compensation | 5,634,486 | -8.8% |
| | Line of Insurance | | |
| | filing only apply to certain territory
Il territories and classes | (territories) or certain classes? If so, specify: | |
| Đ | elay Adoption of the NCCI loss co | ows rates of an advisory organization, specify c
sts (circular IL-2011-07) for New and Renewal | |
| <u>W</u> | ith an effective date of 12/1/2011 | | |
| | sted to reflect all prior rate change
ange in Company's premium level | es.
which will result from application of new rates | • |
| | | IM Ins | urance Corporation |
| | · | | me of Company |
| | | Bonnie Roed | er State Filings Analyst |
| | | | Official - Title |
| | | | |



DEC 0 1 2011 -

Illinois

SEP 19 2011

STATE OF ILLINOIS ILLINOIS SUMMARY SHE**DEPARTMENT OF INSURANCE**SPRINGFIELD

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>September 1, 2011</u>.

| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or –)** |
|--|---|-------------------------------------|
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other than Auto 4. Burglary and Theft 5. Glass | | |
| 6. Fidelity 7. Surety 8. Boiler and Machinery | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance | \$1,840,030 | -8.9 |
| Does filing only apply to certain territory (territories) or certain clas | sses? If so, specify | |
| Brief description of filing (if filing follows rates of an advisory organ | | |
| Multiplier of 1.789. | | |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from appl | ication of new rates. | |

<u>Lumbermen's Underwritng Alliance</u> Name of Company

<u>Donna Bauman – Govt. Affairs Senior Analyst</u>
Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| FIL | | D |
|-----|--|---|
|-----|--|---|

| effective September 1, 2011 | * | DEPARTMENT OF ILLINOIS SPRINGSIELD, ILLINOIS Percent |
|--|--|--|
| (1) | (2) | SPRINGFIELD, INSUR |
| | Annual Premium | Percent |
| Coverage | - Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Priv | | |
| Passenger | ate | |
| Commercial | | |
| | | |
| Automobile Physical Da | mag | • |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | *** | |
| Other Workers' Compensation | ф77 070 | 0.00/ |
| Life of Insurance | \$77,273 | -8.8% |
| Does filing only apply to | certain territory (territories) or | · certain |
| Classes? If so, | , | |
| specify: | lo | |
| | | |
| | . (If filing follows rates of an a | dvisory |
| Organization, specify | | |
| organization): | Adopting NCCI Loss Cost | Filing effective September 1, 2011 |
| | | |
| ** | wing under all and an and | |
| *Adjusted to reflect all pr
**Change in Company's | nor rate changes.
premium level which will resu | It from application of new |
| rates. | | Casualty Mutual Company |
| | | |
| | | me of Company |
| | Rose Kasper - Con | |
| | • | Official – Title |

FORM RF-3

| Coverage Coverage Volume (Illinois) * Change of the content of | (3) |
|--|------------------|
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Cooper State Of Living State of | rcent |
| Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery SEP 9. Fire 10. Extended Cooper STATE OF ILLINOIS 11. Inland Marine SPINENT OF ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: es filing only apply to certain territory (territories) or certain classes? If so, specify. Not Air description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | (+ or -) ** |
| Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery SEP 9. Fire 10. Extended Congres STATE OF ILLINO'S 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 18. Workers Compensation 19. We are adopting the 9/1/2011 NCC1 IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. | |
| Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery SEP 9. Fire 10. Extended Contract STATE OF ILLINOIS 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 17. Workers Compensation 18. Workers Compensation 19. Workers Compensation 19. Workers Compensation 10. Other: 11. Not Ail Inland Marine 11. Not Ail Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 11. Not Ail Inland Marine 11. Inland Marine 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 11. Inland Marine 17. Not Ail Inland Marine 18. Not Ail Inland Marine 19. Not Ail Inlan | |
| 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery SEP 9. Fire 10. Extended Control STATE OF ILLINOIS 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 18. Workers Compensation 19. Other: 19. We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery SEP 9. Fire 10. Extended Congres STATE OF LLINO'S 11. Inland Marine SPINENT OF LLINO'S 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 11.750,440 8 description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery SEP 9 . Fire 10 . Extended Congres STATE OF ILLINOIS 11 . Inland Marine SPINENT OF ILLINOIS 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 16 . Other: 11,750,440 28 filing only apply to certain territory (territories) or certain classes? If so, specify. Not Air description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| Homeowners RINGNIC OF INSURANCE 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other: 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 11,750,440 -8 Not All | |
| 2. Homeowners 2. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other: 11,750,440 -8 sfiling only apply to certain territory (territories) or certain classes? If so, specify. Not Ai of description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Hail | |
| 2. Homeowners 2. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other: 11,750,440 -8 sfiling only apply to certain territory (territories) or certain classes? If so, specify. Not Ai of description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Hail | |
| 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other: s filing only apply to certain territory (territories) or certain classes? If so, specify. Mot An electric description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Hail and the specific organization of new rates. | |
| 1. Homeowners 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other: 11,750,440 -8 Filing only apply to certain territory (territories) or certain classes? If so, specify. Not Ai Meare adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Hail | |
| Homeowners Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: Siling only apply to certain territory (territories) or certain classes? If so, specify. Not Ai Mescription of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Hailes and Provided Hailes are adopted to the specific organization of the provided Hailes and Provided Hailes are adopted to the provided Hailes and Provided Hailes are adopted Hailes and Provided Hailes and Provided Hailes are adopted Hailes and Provided Hailes are adopted Hailes and Provided Hailes and Provided Hailes are adopted Hailes and Provided Hailes and Provi | |
| filing only apply to certain territory (territories) or certain classes? If so, specify. Not Apply to certain territory (territories) or certain classes? If so, specify. Not Apply to certain territory (territories) or certain classes? If so, specify. Not Apply to certain territory (territories) or certain classes? If so, specify. Not Apply to certain territory (territories) or certain classes? If so, specify. Not Apply to certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify. Not Apply to Certain territory (territories) or certain classes? If so, specify or specif | |
| f description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| f description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| f description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | -00/ |
| f description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | .9% |
| Telescription of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| f description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | <u>pplicable</u> |
| We are adopting the 9/1/2011 NCCI IL "Law Only" changes to voluntary rates with an effective date of 9/1/201 In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| In-force Written Premium Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | <u>1</u> |
| Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| Change in Company's premium level which will result from application of new rates. National Fire Insurance Company of Ha | |
| National Fire Insurance Company of Ha | |
| | |
| | ortford |
| • • | ittotu |
| | |
| | |
| Robert Anderson, ACAS, Actuarial Consulti Official - Title | ng Directo |

SUMMARY SHEET

| Change in Company's premium or rate lev | el produced by rate revision effective | September 1, 2011 |
|---|--|-------------------------------|
| | | |
| (1) | (2)
Annual Premium | (3)
Percent |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | <u> </u> | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | *** | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$34,620,714 | -8.8% |
| Line of Insurance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so. | specify: |
| No. | ((3),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | |
| Brief description of filing. (If filing follows | | pecify organization): |
| Rate filing based on NCCI's approved | advisory loss costs. | |
| | | |
| * Adjusted to reflect all prior rate chan** Change in Company's premium leve | | |
| result from application of new rates. | i Willer Will | |
| result from application of new rates. | | National Union Fire Insurance |
| | | Company of Pittsburgh, Pa. |
| | | Name of Company |

FILED

SEP 0 1 2011

Walter Murphy Filings Analyst

Official - Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

SEP 1 2 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

H29219D

SUMMARY SHEET

| Change in Company's premium or rate lev | el produced by rate revision effective | September 1, 2011 |
|---|---|--------------------------|
| | | |
| (1) | (2)
Annual Premium | (3)
Percent |
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$46,351,491 | -8.8% |
| Line of Insurance | | |
| | | - |
| | (territories) or certain classes? If so, spec | city: |
| No. | | |
| | | |
| | s rates of an advisory organization, specify | y organization): |
| Rate filing based on NCCI's approved | advisory loss costs. | |
| | | |
| * Adjusted to reflect all prior rate chan | | |

** Change in Company's premium level which will result from application of new rates.

New Hampshire Insurance Company

Name of Company

FILED

Walter Murphy Filings Analyst Official - Title

H29219D

SEP 0 1 2011

STATE-OF-ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



SEP 1 2 2011

FORM RF-3

| Chan | ge in Company's premium or rate level produced by rate revisi | on effective | Sep | tember 1, 2011 |
|------------|--|---|---|-------------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | |

 | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | <u> </u> | |
| 5. | Glass | | <u> </u> | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine Homeowners SEP 0 1 2011 | | | |
| 12. | | | | |
| 13. | Commercial Multi-Peril | | - | |
| 14.
15. | Crop Hail STATE OF ILLINOIS Workers CompenDEGARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS | 361,515 | | -9.1% |
| 16. | Cither Line of Insurance | | | |
| Does | filing only apply to certain territory (territories) or certain classe | es? If so, specify | No. | |
| Wor | description of filing (if filing follows rates of an advisory organizers Compensation loss costs and rating values peand renewal policies effective on and after 9/1/11apt those policies expiring prior to 10/1/11. | er NCCI Circulars IL-201 | Adoption of No
1-02 and IL-2011
portion of policies | -07 applicable to all |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | application of new rates. | | |
| | | NIDDONICO | A I | an ann a Lincita I |
| | | | A Insurance Con | npany, Limited |
| | | Na | me of Company | |
| | RECEIVED | Gene Johnkoski, Jr. S | enior Regulatory | Analyst |
| · · | (2) 42 minutes | | Official Title | |
| | | | | |

SEP 2 2 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

WC-IL-7

All Property and

SUMMARY SHEET

| | revision effective | September 1, 2011 | |
|-------------------|--|--------------------------------|---------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage
Private Passenger
Commercial | | |
| 3.
4. | Liability Other Than Auto Burglary and Theft | | |
| 5.
6.
7. | Glass
Fidelity
Surety | | |
| 8.
9. | Boiler and Machiners EP 0 1 2 | | |
| 10.
11.
12. | Extended Coverage STATE OF ILLI Inland Marine SPRINGFIELD, III | NOIS
VSURANCE
LINOIS | |
| 13.
14. | Commercial Multi-Peril Crop Hail | | · |
| 15. | Other Line of Insurance | ation \$1,124,895 | -8.80% |
| | s Filing only apply to certain territor
ses? If so, specify: <u>No</u> | y (territories) or certain | |
| | f description of filing. (If filing follow nization, specify organization): | Adoption of NCCI's Workers Con | npensation |
| | • | Loss Costs Revision | |
| | | | |
| | * Adjusted to reflect all prior rate ch
* Change in Company's premium le
result from application of new rate | evel which will | |
| | | Nova Casua | lty Company |
| | | | Company |
| | | | ce President - IRC |
| | | Officia | al - Title |

SUMMARY SHEET

| Change | in | Company's | premium | or | rate | level | produced | by | rate |
|---------|-----|-----------|-------------|------|------|-------|----------|----|------|
| revisio | n e | effective | September 1 | , 20 | 11 | | | | |
| | | | | | | | | | |

| | (1) | | (2)
Premium | (3)
Percent | |
|-----|---|-----------|----------------|--------------------|------|
| | Coverage | Volume | Illinois)* | Change (+ or -) | |
| 1. | Automobile Liability Private Passenger Commercial | | | | |
| 2. | Automobile Physical Damage
Private Passenger
Commercial | | | | |
| З. | Liability Other Than Auto | | | | |
| 4. | Burglary and Theft | | | | |
| 5. | Glass | | | | |
| 6. | Fidelity | | | | |
| 7. | Surety | | | | |
| 8. | Boiler and Machinery | | | | |
| 9. | Fire | | | | |
| 10. | Extended Coverage | | | | |
| 11. | Inland Marine | | | | |
| 12. | Homeowners | | | | |
| 13. | Commercial Multi-Peril | | | | |
| 14. | Crop Hail | | | | |
| 15. | Other Workers Compensation | | \$10,662,025 | | 8.8% |
| | Line of Insurance | | | | |
| | s filing only apply to certain so, specify: | territory | (territories) | r certain classes? | |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic Insurance Company



SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Adoption of NCCI IL-2011-02 Law Only filing Enactment of House Bill 1698 --Voluntary Advisory Loss Costs, Advisory Rates, and Advisory Rating Values

We request an effective date of September 1, 2011 to coincide with the NCCI loss cost filing approved under Circular IL-2011-07.

We will apply our LCM, 1.69, to the September 1, 2011 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

| 4 | our Rates Tab. |
|---|---|
| | |
| | , |
| | |
| | • |
| | |
| | Old Republic Insurance Company |
| | Name of Company |
| | |
| | |
| | Webout & Matthews |
| | - Assistant Vice President - Compliance |
| | Official - Title |
| | OLLICIAL FIGURE |

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate le | 9-1-2011 | |
|---|---|---|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine | | |
| 12. Homeowners
13. Commercial Multi-Peril | | |
| 14. Crop Hail
15. Other <u>Workers' Compensation</u>
Line of Insurance | 1,673,736 | -8.6% |
| Code 8045 will remain unchanged at 1.2 at 1.524 and all other classes' loss cost r | r (territories) or certain classes? If so, spe
22; the loss cost multiplier for Class Codes
nultiplier will remain unchanged at 1.644.
rates of an advisory organization, specify
L-2011-07 | 7380 and 8835 will remain unchanged |
| | | |
| *Adjusted to reflect all prior rate changes
**Change in Company's premium level w | hich will result from application of new rate | s. |
| | Pharmacists | Mutual Insurance Company Name of Company |
| | Kris Laube | enthal - Rate Filing Analyst Official - Title |



FORM RF-3

| Chang | e in Company's premium or rate level produced by rate revision | September 1, 2011 | | |
|--|--|--|----------------------------------|-------------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (illinois)* | | (3)
Percent
Change (+ or -)** |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Perilepartment of Insurance Crop Hail | | | |
| 15.
16. | Workers Compensation Other | 5,139,929 | -
 | -8.9% |
| Does 1 | Line of Insurance filing only apply to certain territory (territories) or certain classes | s? If so, specify | No. | |
| Work | description of filing (if filing follows rates of an advisory organizations Compensation loss costs and rating values per and renewal policies effective on and after 9/1/11aspt those policies expiring prior to 10/1/11. The filing | NCCI Circulars IL-2011 well as the unexpired p | ortion of policies | -07 applicable to all sas of 9/1/11 |
| * | Adjusted to reflect all prior rate changes
Changes in Company's premium level which will result from a | | | |
| | RECEIVED | | enix Insurance (
e of Company | Company |
| | SEP 2 2 2011 | Gene Johnkoski, Jr. Ser | nior Regulatory / | |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate I | 9/1/2011 | | |
|---|---|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> | |
| Automobile Liability Private Processor Commercial | | | |
| Passenger Commercial 2. Automobile Physical Damage | | | |
| Private Passenger Commercial | | | |
| 3. Liability Other Than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | , | | |
| 14. Crop Hail | \$143,710 | -8.80% | |
| 15. Other Workers Compensation Line of Insurance | \$143,710 | -0.80% | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify: | | |
| | rates of an advisory organization, specify or | | |
| Adoption of 9/1/2011 NCCI Loss Cost (L | _aw Only) change. | | |
| | | | |
| *Adjusted to reflect all prior rate change: **Change in Company's premium level v | s.
which will result from application of new rates | | |
| | Plaza | Insurance Company | |
| • | | Name of Company | |
| | Wendy J. Book , WC N | Igr. of Corp. Compliance & UW Serv. | |
| | | Official – Title | |



SEP 0 1 2011

FORM RF-3

| Change in Company's premium or rate level produced by rate revision | made a man | 7 | 2011 |
|---|---------------------|----|------|
| Change in Commencia promision or rate level produced by rate revision | affective September | Ι, | ZUII |
| Change in Company's premium of fale level produced by fale revision | I CHCCHVC | | |

| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or)** |
|--|---|-----------------------------------|
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other than Auto 4. Burglary and Theft 5. Glass | | |
| 6. Fidelity 7. Surety 8. Boiler and Machinery | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril | NAME | |
| 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance | \$5,047,110 | -8.8% |
| Does filing only apply to certain territory (territories) or certain cla | asses? If so, specify | |
| Brief description of filing (if filing follows rates of an advisory organger of NCCI. We wis | anization, specify organization
h to adopt the a | pproved advisory rates |
| referenced in NCCI Circular IL-2011 | -07 regarding HM | 1 1698 without deviation |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from approximately | plication of new rates. | |

Protective Insurance Company
Name of Company

Jeremy Jaynes - Compliance Analyst

Official — Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

SEP 0 1 2011

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

| | effective 09/01/2011 | • | |
|-----|--|---|--|
| - | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | *************************************** |
| 14. | Crop Hail | | William Control of the Control of th |
| 15. | Other Workers Compensation | \$1,034,000 | -8.8% |
| ١٠. | Life of Insurance | Ψ1,034,000 | -0.076 |
| | Elic of insurance | | |
| • | Does filing only apply to certa | ain territory (territories) or | certain |
| | Classes? If so, | | |
| | specify: | | |
| | | | |
| | Brief description of filing. (If t | filing follows rates of an a | dvisory |
| | Organization, specify | | |
| | organization): | | cost filing changes in Circular |
| | IL-2011-02 effective September 1, | | |
| | like to file a lower minimum premi | | es are attached. |
| | *Adjusted to reflect all prior ra **Change in Company's pren | | It from application of new |
| | rates. | | |
| | | Public Service Mu | tual ins - |
| | | Na | me of Company |
| | | Paul I Williams S | r WC Specialist |

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2011 (3)(2) (1)Percent Annual Premium Change (+ or -)**Volume (Illinois) * Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 738,119 -7.7% 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Law-Only Filing Reflecting Enactment of House Bill 1698 SEP 0 1 2011 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. STATE OF ILLINOIS
DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Republic-Franklin Insurance Company Name of Company June Musalunan - Assistant Vice President & Managing Actuary

H29219D

| | | (1) Coverage | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
|-----------|-------------|---------------------------------|--|-------------------------------|
| 1. | Automo | obile Liability | | |
| | | e Passenger | | |
| | Comm | nercial | | |
| 2. | | obile Physical Damage | | |
| | | e Passenger | | |
| | Comm | | | |
| 3. | • | y Other Than Auto | | |
| 4. | _ | y and Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | 1 | | |
| 7.
8. | Surety | and Machinery | | |
| 8.
9. | Fire | and iviachinery | | |
| 9.
10. | | ed Coverage | | |
| 11. | Inland l | _ | | |
| 12. | Homeo | | | |
| 13. | | ercial Multi-Peril | | |
| 14. | Crop H | | | |
| 15. | Other | Workers | \$6.283.870 | -7.41% |
| | | Compensation 10/1 | | |
| | | 2010-9/30/2011 | | · |
| | | Line of Insurance | | |
| | | | | |
| | filing only | apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| No | | | | |
| | | | | |
| | | | | 1 X |
| 3rief | description | n of filing. (If filing follows | s rates of an advisory organization, specify | organization): |
| Ado | ption of N | ICCI Advisory Law-Only F | iling - Voluntary Advisory Rates effective | for Rockwood Casualty |
| Insu | rance Com | pany 09/01/2011 | | |
| | | | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
OPRINGFIELD, ILLINOIS

Rockwood Casualty Insurance Company - FED TAX ID 25-1620138

Name of Company

Andra M. Snyder, Regulatory
Compliance Officer
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level | September 1, 2011 | | |
|--|---|---|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> | |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners | | | |
| 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Comp Line of Insurance | \$100,000 estimated | -8.8% | |
| Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows raid only Filing Reflecting the Enactment of Hours, 2011 as published in NCCI approval circum. | tes of an advisory organization, specify use Bill 1698 - Voluntary Advisory Rates | organization): Adoption of NCCI Law
and Loss Costs effective September | |
| *Adjusted to reflect all prior rate changes.
**Change in Company's premium level whic | Safety Fi | rst Insurance Company Name of Company - Compliance Coordinator Official – Title | |
| | | Onicial – Title | |

SEP 0 1 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level | produced by rate revision effective | September 1, 2011 |
|---|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
<u>Change (+ or -)**</u> |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Comp Line of Insurance | \$1,500,000 estimated | |
| Does filing only apply to certain territory (termostic description of filing. (If filing follows range) Filing Reflecting the Enactment of Hour 2011 as published in NCCI approval circum. | ites of an advisory organization, specifyuse Bill 1698 - Voluntary Advisory Rate | y organization): <u>Adoption of NCCI Law</u>
es and Loss Costs effective Septembe |
| Adjusted to reflect all prior rate changes. *Change in Company's premium level whic | | s.
tional Casualty Corporation |
| | Gaicty Ivan | Name of Company |
| | Casey Krus | e – Compliance Coordinator Official – Title |
| | | |

SEP 0 1 2011

Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SUMMARY SHEET

SEP 0 1 2011

Change in Company's premium or rate level produced by rate PARTMENT OF INSURANCE effective SEPTEMBER 1, 2011

| - | (1)
Coverage | (2)
Annual Premium
Volume (Illinois) * | (3)
Percent
Change (+or-) ** |
|------------|---|--|------------------------------------|
| 1. | Automobile Liability Private | - Volume (minois) | Charige (101-) |
| * | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| L., | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | *************************************** | A |
| 4. | Burglary and Theft | • | |
| 5. | Glass | | |
| 3 . | Fidelity | **** | |
| 7. | Surety | | |
| 3. | Boiler and Machinery | | |
| 9. | Fire | | - |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other workers compensation | 3,975,601 | -8.8% |
| | Life of Insurance | | |
| \$ | Does filing only apply to certa Classes? If so, specify: NA | ain territory (territories) or o | certain |
| | Brief description of filing. (If f | iling follows rates of an ad | visory |
| | organization): | NCCI LAW-ONLY FILING A | PPROVED EFF SEPTEMBER 1, 2011 |
| | *Adjusted to reflect all prior ra | ate changes. | |
| | **Change in Company's premates. | | from application of new |
| | | | |

SEABRIGHT INSURANCE COMPANY

Name of Company JEFF WANAMAKER, SR VP, UNDERWRITING

Official - Title

gy Whana Z

FILED

Form (RF-3)

SEP 0 1 2011 SUMMARY SHEET

| (| Change in Company's premara ARTM | E OF ILLINOIS
ENVEDFIOUSURIANGE revision effecti
GFIELD, ILLINOIS | ve 09/01/2011 |
|---------------|--|--|--|
| | | | (3) |
| | (1) | (2)
Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | - | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | 11-24-24-24-24-24-24-24-24-24-24-24-24-24- | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 7217 | -8.8% |
| | Line of Insurance | | |
| oes f | iling only apply to certain territory (te | rritories) or certain classes? If so, speci | fy: |
| Adop
Rates | | rates of an advisory organization, speci
Filing Reflecting Enactment of House I
d in NCCI circular IL-2011-07. | |
| | djusted to reflect all prior rate changes
nange in Company's premium level wh | nich will result from application of new | rates. |
| | | So | mpo Japan Fire & Marine Ins Co Name of Company |
| | · ·· · · · · · · · · · · · · · · · · · | Mar | y Lynn Teel, State Filings Analyst
Official - Title |

SUMMARY SHEET

| • | Change in Company's premium or rate | level produced by rate revision effective | 09/01/2011 |
|---------|---|---|---------------------------|
| | (1) | (2) | (3) |
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage
Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 1,747864 | -8.8% |
| | Line of Insurance | | |
| Ooes fi | ling only apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| | | | |
| | | | |
| | | rates of an advisory organization, specify of | |
| | | Filing Reflecting Enactment of House Bill | 1698 - Voluntary Advisory |
| | and Advisory Loss Costs as contained | l in NCCI circular IL-2011-07. | |
| Effect | tive 09/01/2011 | | |
| | | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Sompo Japan Ins Co of America
Name of Company

SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Mary Lynn Teel, State Filings Analyst
Official - Title

FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective | | September 1, 2011 | | |
|---|--|---|------------------------------------|---|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | <u> </u> | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | -
-
- | |
| 3.
4.
5. | Liability Other Than Auto
Burglary and Theft
Glass | |
 | |
| 6.
7.
8. | Fidelity Surety Boiler and Machinery | |
 | |
| 9.
10.
11. | Extended Coverage SEP 0 1 2011 | |
 | |
| 12.
13.
14.
15. | Commercial Multi-PerilTATE OF ILLINOIS Crop Hail SPRINGFIELD, ILLINOIS Workers Compensation Other | 11,502,831 |

 | -8.9% |
| 10. | Line of Insurance | | - | |
| Does | filing only apply to certain territory (territories) or certain class | ses? If so, specify | No. | |
| Worl | description of filing (if filing follows rates of an advisory organicers Compensation loss costs and rating values pand renewal policies effective on and after 9/1/11 opt those policies expiring prior to 10/1/11. The filir | per NCCI Circulars IL-2011 as well as the unexpired p | ortion of policies | -07 applicable to all
s as of 9/1/11 |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | | | |
| | RECEIVED | | ard Fire Insurand
ne of Company | ce Company |
| | SEP 2 2 2011 | Gene Johnkoski, Jr. Se | nior Regulatory | Analyst |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD
WC-IL-7

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| (1) | (2)
Annual Premium | (3)
Percent |
|---|---|--------------------------------|
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity
7. Surety | | |
| B. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation Line of Insurance | 127,373 (2010 DWP) | -8.8% |
| Line of insurance | | • |
| Does filing only apply to certain territory (terr | itories) or certain classes? If so, specify | /: No |
| | | |
| | | |
| Brief description of filing. (If filing follows rate | s of an advisory organization, specify o | organization): |
| National Council on Compensation Insurance | e, Inc. rate and rating value change. | |
| | | |
| 'Adjusted to reflect all prior rate changes. | | • |
| radjusted to reflect all prior rate changes.
**Change in Company's premium level which | will result from application of new rate | S |
| Change in Company's premium level which | wiii result nom application of new rate | |
| | Standard I | Mutual Insurance Company |
| | 7 . 0 . 0 | Name of Company |
| | Jany J. (Seh | |
| | Larry L. Boehm, | Assistant Underwriting Manager |
| · | • | Official – Title |

RECEIVED

SEP 1 4 2011

Section 754 EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SEP 0 1 2011

SUMMARY SHEET

DEPARTMENT OF ILLINOIS

Change in Company's premium or rate level produced by rate revisible in ILLINOIS

| | ellective 09/01/2011 | • | |
|--------------|--|---|---|
| - | (1) | (2)
Annual Premium | (3)
Percent |
| - | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9 . , | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | · | |
| 14. | Crop Hail | *************************************** | |
| 15. | Other Work Comp | 9,815,348 | -8.8 |
| | Life of Insurance | | |
| * | Does filing only apply to certa | sin tarritan/(tarritarias) or | cortain |
| | Classes? If so, | in terniory (terniories) or | Certain |
| | specify: No | | |
| | speeny. | | |
| | Brief description of filing. (If fi | iling follows rates of an a | dvison |
| | Organization, specify | ining rollows rates of all a | avisory |
| | organization): | Adoption of NCCI's Septer | mber 1, 2011 Law-Only Filing Reflecting |
| | Enactment of House Bill 1698–Voluntary | · | |
| | effective September 1, 2011. | | g p |
| | *Adjusted to reflect all prior ra | ite changes. | |
| | **Change in Company's prem | | It from application of new |
| | rates. | | |
| | | Star Insurance Co | mpany |
| | | Na | me of Company |
| | | Compliance Analys | • • |

Official - Title

SUMMARY SHEET

| (| Change in Company's premium or rate | level produced by rate revision effect | otive 09/01/2011 |
|--------------|---|--|-----------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14.
15. | Crop Hail Other Workers Compensation | 2,316,256 | 8.8% |
| 13. | Other Workers Compensation Line of Insurance | 2,310,230 | 8.878 |
| | Line of insurance | | |
| Does f | iling only apply to certain territory (ter | ritories) or certain classes? If so, spe | ecify: |
| No. | | , | • |
| | | | |
| Tow-
Cost | description of filing. (If filing follows er Insurance Company of New Yors and Rating Values effective 9/1/2 wish to make this filing effective for | k herewith proposes to adopt NC 011. | CI's latest Voluntary Market Loss |
| | | | |
| | 1 1 | | |
| ** Cl | djusted to reflect all prior rate changes.
nange in Company's premium level wh
sult from application of new rates. | | |
| | | • | Tower Insurance Company of NY |
| | | Market anno | Name of Company |
| | | E | or company |
| | | | Faye V. Storch |
| | | | Senior Business Analyst |
| | • | | Official Title |

H29219D

SUMMARY SHEET

| (| Change in Company's premium or rate | level produced by rate revision effective | 09/01/2011 |
|---------------------|--|---|--------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 89,602 | 8.8% |
| | Line of Insurance | | |
| Does f | iling only apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| Tow
Cost
We v | er National Insurance Company her
s and Rating Values effective 9/1/2 | r all policies effective on or after Septe | Voluntary Market Loss |

SEP 0 1 2011

Tower National Insurance Co.

Name of Company

Faye V. Storch Senior Business Analyst

Official - Title

H29219D

FILED

SEP 0 1 2011

Illinois

STATE OF ILLINOIS DEPARTMENT OF INSURANCE ILLINOSPRINGHELB, ILLINOIS

FORM RF-3

| hange in Company's premium or rate level produced by rate revision effective: | | | 9/1/11 |
|---|---|---------------------------------------|-----------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) * |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | · · · · · · · · · · · · · · · · · · · | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | <u> </u> |
| 5. | Glass | | |
| 6. | Fidelity | | - |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | • |
| 10 . | Extended Coverage | | |
| 1. | Inland Marine | | |
| 12 . | Homeowners | | |
| 13 . | Commercial Multi-Peril | - | |
| 14. | Crop Hail | • | |
| 15. | Workers Compensation | 5,628,371 | -8.9% |
| 16. | Other: | | 0.770 |
| | | | |
| es filii | ng only apply to certain territory (territories) or certain | classes? If so, specify. | Not Applicable |
| | cription of filing (if filing follows rates of an advisory of are adopting the 9/1/2011 NCCI IL "Law Only" change | | e date of 9/1/2011 |
| ln. | force Written Premium | | |
| | ange in Company's premium level which will result fro | om application of new rates. | |
| | | Transportation Ins | surance Company |
| | | Name of (| Company |
| | | Robert Anderson, ACAS, A | ctuarial Consulting Directo |
| | | Official | |
| | | Siliela | |

FORM RF-3

| Chan | ge in Company's premium or rate level produced by rate revisi | ion effective | September 1, 2011 |
|----------|---|---|---|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger | | |
| 2 | Commercial | | |
| 3.
1 | Liability Other Than Auto | | |
| 4.
5. | Burglary and Theft Glass | | |
| 5.
6. | Fidelity | | |
| 7. | Glass
Fidelity
Surety | | |
| 8. | | | |
| 9. | Fire SEP 0 1 2011 | | |
| 10. | Extended Coverage | | |
| 11. | | | |
| 12. | Inland Marine Homeowners Commercial Multi-DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Crop Hail | | |
| 13. | Commercial Multi-DEPARTMENT COMMERCIAL MULTINOIS | | |
| 14. | Crop Hail | | |
| 15. | Workers Compensation | 14,962,315 | -8.8% |
| 16. | Other | | |
| | Line of Insurance | | |
| | | | |
| Does | filing only apply to certain territory (territories) or certain class- | es? If so, specify | No. |
| | | | |
| | | | A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | description of filing (if filing follows rates of an advisory organiz | | Adoption of NCCI approved |
| Wor | kers Compensation loss costs and rating values pe | er NCCI Circulars IL-2011 | -02 and IL-2011-07 applicable to all |
| new | and renewal policies effective on and after 9/1/11a | as well as the unexpired p | ortion of policies as of 9/1/11 |
| exce | ept those policies expiring prior to 10/1/11. The filin | ig maintains the current ap | proved deviation of -20.0%. |
| | | | |
| ** | Adjusted to reflect all prior rate changes | | |
| ** | Changes in Company's premium level which will result from | application of new rates. | |
| | DECEN/ED | Travelers Casuali | ty Insurance Company of America |
| | RECEIVED | | e of Company |
| | SEP 2 2 2011 | | in Bouleton Austral |
| | JLI # # LUII | Gene Johnkoski, Jr. Ser | iior Regulatory Analyst |

WC-IL-7

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Printing 08/95

-Official - Title ...

FORM RF-3

| Change in Company's premium or rate level produced by rat | e revision effective | September 1, 2011 |
|---|---|-------------------------------------|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** |
| 1. Automobile Liability | | |
| Automobile Liability Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 6. Fidelity 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire SEP 0 1 2011 | | |
| 10. Extended Coverage | | |
| 11. Inland Marine 12. Hamsayyars STATE OF ILLINOIS | | |
| 12. HOHIEUWHEIS BEDARTIMENT OF INSURA | NCE | |
| 13. Commercial Multi-Peril SPRINGFIELD, ILLINOIS | | |
| | | -8.8% |
| 15. Workers Compensation | 5,213,894 | -8.676 |
| 16. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (territories) or certain | n classes? If so, specify No | D. |
| Brief description of filing (if filing follows rates of an advisory | organization, specify organization) A0 | doption of NCCI approved |
| Workers Compensation loss costs and rating val | ues per NCCI Circulars IL-2011-02 | and IL-2011-07 applicable to all |
| new and renewal policies effective on and after s | 0/1/11as well as the unexpired portion | on of policies as of 9/1/11 |
| except those policies expiring prior to 10/1/11. T | he filing maintains the current appro | oved deviation of +30.0%. |
| <u> </u> | | |
| * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result | ult from application of new rates. | |
| | Travelers Cas | ualty & Surety Company |
| | | Company |
| RECEIVED | | • |
| | Cana lababanki la Canian | Pogulaton, Analyst |
| | Gene Johnkoski, Jr. Senior | |
| SFP-2-2-7011- | | I_Title |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

FORM RF-3

| Change in Company's premium or rate level produced by rate revision | ion effective | September 1, 2011 |
|--|--|-------------------------------------|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail DEPARTMENT OF INSURANCE Workers Compensation | | -8.8% |
| 16. Other Line of Insurance | | |
| Does filing only apply to certain territory (territories) or certain class | ses? If so, specify No. | |
| Brief description of filing (if filing follows rates of an advisory organized Workers Compensation loss costs and rating values penew and renewal policies effective on and after 9/1/11 except those policies expiring prior to 10/1/11. The filing * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from | er NCCI Circulars IL-2011-02 a
as well as the unexpired portion
ng maintains the current approve | of policies as of 9/1/11 |
| | The Travelers | Indemnity Company |
| RECEIVED | Name of Co | ompany |
| SEP 2 2 2011 | Official- | |

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

WC-IL-7

FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective | | September 1, 2011 | | |
|--|---|---|--|--|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** | | |
| | | | | |
| 1. Automobile Liability | | | | |
| Private Passenger | | | | |
| Commercial 2. Automobile Physical Damage | | | | |
| | | | | |
| Private Passenger
Commercial | | | | |
| _ | | | | |
| Liability Other Than Auto Burglary and Theft | | | | |
| 5. Glass | | | | |
| 6. Fidelity | | | | |
| 7. Surety | | | | |
| 8 Boiler and Machinery | | | | |
| | | | | |
| 9. Fire 10. Extended Coverage | | | | |
| 11. Inland Marine | | | | |
| 12. Homeowners SEP 0 1 2011 | | | | |
| 13. Commercial Multi-Peril | | | | |
| 14. Crop Hail STATE OF ILLINOIS | | | | |
| 14. Crop Hail STATE OF ILLINOIS 15. Workers Compensation TIMENT OF INSURANCE 16. Other SPRINGFIELD, ILLINOIS | 28,276,752 | -8.9% | | |
| 16. Other SPRINGFIELD, ILLINOIS | | | | |
| Line of Insurance | | | | |
| Does filing only apply to certain territory (territories) or certain cla | isses? If so specify | No. | | |
| boes ming only apply to certain territory (territories) or contain on | | | | |
| | | Adaption of NCCI commoned | | |
| Brief description of filing (if filing follows rates of an advisory orga | | Adoption of NCCI approved | | |
| Workers Compensation loss costs and rating values | per NCCI Circulars IL-2011- | tion of policion on of 0/1/11 | | |
| new and renewal policies effective on and after 9/1/ | ras well as the unexpired po | Tuon of policies as of 9/1/11 | | |
| except those policies expiring prior to 10/1/11. | | | | |
| * Adjusted to reflect all prior rate changes | | | | |
| ** Changes in Company's premium level which will result fro | om application of new rates. | | | |
| Changes in Company's premium level which will recur in | on approacion or new reason | | | |
| | The Travelore In | edomnity Company of America | | |
| | The Travelers Indemnity Company of America Name of Company | | | |
| RECEIVED | Name | огоопрапу | | |
| KEVENVE | | | | |
| | | Gene Johnkoski, Jr. Senior Regulatory Analyst | | |
| SEP 2 2 2011 | Official - Title | | | |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective | | September 1, 2011 | | |
|---|---|---|-------------------|-------------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -)** |
| | 00101090 | (, , , | | |
| 1. | Automobile Liability | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire Extended Coverage | | | |
| 10. | Extended Goverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners SEP 0 1 2011 | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail STATE OF ILLINOIS | 6,921,914 | _ | -8.9% |
| 15.
16. | Workers Compe 的 空神和RTMENT OF INSURANCE Other SPRINGFIELD, ILLINOIS | 0,921,914 | _ | -0.976 |
| | Line of Insurance | | | |
| Door | filing only apply to certain territory (territories) or certain classes | es? If so, specify | No. | |
| Does | ming only apply to contain territory (territorios) or contain energy | | | |
| | | | Adoption of N | JCCI approved |
| Brief | description of filing (if filing follows rates of an advisory organiz | ation, specify organization) | | NCCI approved |
| Wor | kers Compensation loss costs and rating values pe | er NCCI Circulars IL-20 | notion of polici | 11-07 applicable to all |
| new | and renewal policies effective on and after 9/1/11a | is well as the unexpired | portion of polici | es as 01 9/1/11 |
| exce | ept those policies expiring prior to 10/1/11. | | | |
| | a li stad to reflect all prior rate changes | | | |
| ** | Adjusted to reflect all prior rate changes | annlication of new rates | | |
| | Changes in Company's premium level which will result from a | application of new rates. | | |
| | | The Travelers | Indomnity Comm | any of Connections |
| | | | | any of Connecticut |
| | RECEIVED | Ni | ame of Company | |
| | A second | | | |
| | SEP 2 2 2011 | Gene Johnkoski, Jr. S | enior Regulatory | / Analyst |
| | DEL P P TAIL | | Official - Title | |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Official - Title

FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective | | September 1, 2011 | |
|--|---|-------------------------------------|--|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** | |
| Automobile Liability Private Passenger Commercial | | | |
| Automobile Physical Damage Private Passenger Commercial | | | |
| Liability Other Than Auto Burglary and Theft | | | |
| 5. Glass6. Fidelity7. Surety | | | |
| 8. Boiler and Machinery9. Fire10. Extended Coverage | | | |
| 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail | | | |
| 15. Workers Compensation STATE OF ILLINOIS 16. Other DEPARTMENT OF INSURANC SPRINGFIELD, ILLINOIS Line of Insurance | 46,724,313
E | -8.8% | |
| Does filing only apply to certain territory (territories) or certain cla | sses? If so, specify | No. | |
| Brief description of filing (if filing follows rates of an advisory orga Workers Compensation loss costs and rating values new and renewal policies effective on and after 9/1/1 except those policies expiring prior to 10/1/11. The fi | per NCCI Circulars IL-2011-
1as well as the unexpired po | ortion of policies as of 9/1/11 | |
| * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result fro | | | |
| | Travelers Property Casualty Company of America Name of Company | | |
| RECEIVED | Gene Johnkoski, Jr. Sen | • | |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

SEP 2 2 2011

WC-IL-7

ILLINOIS SUMMARY SHEET

FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective | | | Sep | September 1, 2011 | | |
|---|---|--|---------------------------------------|-------------------------------------|--|--|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -)** | | |
| 1. | Automobile Liability Private Passenger Commercial | | | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | |
 | | | |
| 3.
4. | Liability Other Than Auto
Burglary and Theft | | | | | |
| 5. | Glass | | | | | |
| 6. | Fidelity | | _ | | | |
| 7. | Surety | | | | | |
| 8. | Boiler and Machinery | | _ | | | |
| 9. | Fire | | . | | | |
| 10. | Extended Coverage | | _ · | | | |
| 11. | Inland Marine Homeowners | | _ | | | |
| 12. | | | - | | | |
| 13. | Commercial Multi-Peril | | | | | |
| 14.
15. | Crop Hail SEP 0 1 2011 Workers Compensation | -325,845 | | -9.0% | | |
| 16. | Oth | | _ | | | |
| 10. | Other STATE OF ILLINOIS LIDEPARTMENT OF INSURANCE | | _ | | | |
| . | SPRINGFIELD, ILLINOIS filing only apply to certain territory (territories) or certain classes | oc? If so specify | No. | | | |
| Does | filing only apply to certain territory (territories) of certain classe | es? If so, specify | 140. | | | |
| Worl | description of filing (if filing follows rates of an advisory organiz
kers Compensation loss costs and rating values pe
and renewal policies effective on and after 9/1/11a
ept those policies expiring prior to 10/1/11. The filing | er NCCI Circulars IL-2011 as well as the unexpired p | I-02 and IL-201
portion of policie | s as of 9/1/11 | | |
| | | | | | | |
| ** | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a | application of new rates. | | | | |
| | | | | aranty Company | | |
| | • | Nan | ne of Company | | | |
| | | | | | | |
| í | DECEN/ER | Gene Johnkoski, Jr. Se | nior Regulatory | Analyst | | |
| | RECEIVED | | Official - Title | | | |

SEP 2 2 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate lev | el produced by rate revision effective | -8.8% effective 1/01/2012 |
|--|---|-------------------------------------|
| (1) | (2) Annual Premium | (3)
Percent
Change (+ or -)** |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -) |
| Automobile Liability Private | | |
| Passenger Commercial _ | _ | |
| Automobile Physical Damage
Private Passenger Commercial _ | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass _ | | |
| 6. Fidelity _ | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine
12. Homeowners | | |
| 13. Commercial Multi-Peril | · · · · · · · · · · · · · · · · · · · | |
| 14. Crop Hail | | |
| 15. Other Workers compensation | 38,633,650 | -8.8% |
| Line of Insurance | 00,000,000 | |
| Does filing only apply to certain territory (t Brief description of filing. (If filing follows Reflecting Enactment of House Bill 1698 a | rates of an advisory organization, specif | · |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level wh | | sconsin Insurance Company |
| | | Name of Company |
| | Judy The | omas, Compliance Advisor |
| | | Official – Title |
| JAN - 1 | 2012 | |
| STATE OF IL
TARYMENT OF
PRINGFIELD, | INSURANCE | |

SUMMARY SHEET

| Change | in | Company's | premium | or | rate | level | produced | bу | rate |
|---------|------|-----------|----------|----|------|-------|----------|----|------|
| revisio | on e | effective | 9/1/2011 | | | | | | |

| (1) | (2) | (3) |
|--|-----------------------------------|---|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage
Private Passenger
Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 3,000,782 | -8.7% |
| Line of Insurance | | |
| Brief description of filing. (I | f filing follows rates of a | an advisory |
| organization, specify organizati | Enactment of House B: | |
| * Adjusted to reflect all prior ** Change in Company's premium leading to the result from application of new | evel which will | SEP 0 1 2011 |
| | | STATE OF ILLINOIS THE DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS |
| | Utica Mutual Insuranc | E DEPART THE SPRINGFIELD, ILLINOIS |
| | Name of Compa | ny C . |
| | | |
| Tin | NO HOUSELPAY - Assistant Vice Pr | |
| \$ M | - Assistant Vice Pr | esident & Managing Actuary |
| | Official - Tit | le · |

ILLINOIS SUMMARY SHEET

FORM RF-3

| inge i | n Company's premium or rate level produced by | rate revision effective: | 9/1/11 |
|--------|--|-------------------------------------|-----------------------------|
| | (1) | (2) | (3) |
| | () | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) * |
| 1. | Automobile Liability | | |
| • • | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Fidelity Surety Boiler and Machinery | | |
| • | Fire | | |
| | Fire Extended Coverage SEP 0 1 | 2044 | |
| | Inland Marina | ZU11 ————— | |
| • | Inland Marine | | |
| • | Homeowners Commercial Multi-Per EPARTMENT OF I Crop Hail Workers Compensation | INOIS | |
| • | Commercial Multi-Perman AR MENT OF I | NSURANCE | |
| ٠ | Crop Hail | LINOIS 17,630,632 | -8.9% |
| | • | 17,030,032 | -0.970 |
| ٠. | Other: | | |
| filir | ng only apply to certain territory (territories) or co | ertain classes? If so, specify. | Not Applicable |
| | cription of filing (if filing follows rates of an adverse adopting the 9/1/2011 NCCI IL "Law Only" | | ve date of 9/1/2011 |
| | | | |
| | force Written Premium
lange in Company's premium level which will res | sult from application of new rates. | |
| | | Valley Forge Ins | surance Company |
| | | Name of | Company |
| | . — | Robert Anderson, ACAS, A | ctuarial Consulting Directo |
| | | | 1 Title |

Change in Company's premium or rate level produced by rate revision effective: 09/01/2011

| | (1) | (2) | (3) |
|--------------------------|--|--|--|
| | Coverage | Annual Premium Volume (Illinois) * | Percent Change (+ or -)** |
| 1. | Automobile Liability
Private Passenger
Commercial | , | |
| 2. | Automobile Physical
Damage
Private Passenger
Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary & Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler & Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | — |
| 11. | Inland Marine | | SEP 0 1 2011 |
| 12. | Homeowners | | STATE OF ILLINOIS |
| 13. | Commercial Multi-Peril | | DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS |
| 14. | Crop Hail | | |
| 15. | Worker's Compensation | \$93.00 | -8.8% |
| 16. | Other: | | |
| Does fi
If so, s | | ory (territories) or certain classes? NO | |
| Waden
Septen
There | a Insurance is filing to adopt to be about to be a location to the total to the tot | ows rates of an advisory organization, spine NCCI's Law Only filing in response to a linearce policies issued. The \$93.00 | to Public Act 97-0018 to be effective |

Wadena Insurance Company
Name of Company
Paula Mumm. CPCU, Compliance Analyst, Research & Development
Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate | e level produced by rate revision effective | December 1, 2011 |
|--|---|--|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability Commercial | | |
| Automobile Physical Damage Commercial | | |
| Liability Other Than Auto Burglary and Theft | | |
| 5. Glass6. Fidelity | | |
| 7. Surety
8. Boiler and Machinery | | |
| 9. Fire
10. Extended Coverage
11. Inland Marine | | |
| 12. Homeowners13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Workers Compensation Line of Insurance | 8,544,741 | -8.8% |
| Does filing only apply to certain territories and classes | ory (territories) or certain classes? If so, specif | |
| | bllows rates of an advisory organization, specify costs (circular IL-2011-07) for New and Renew | |
| with an effective date of 12/1/20 | 11. | |
| *Adjusted to reflect all prior rate char
** Change in Company's premium lev | nges.
rel which will result from application of new rate | es. |
| | | siness Insurance Company Name of Company |
| | | eder State Filings Analyst |
| | | Official - Title |



DEC 0 1 2011

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective _ | | | December 1, 2011 | |
|---|---|--|--|--|
| | (1) | (2) Annual Premium Volumo (Illinois)* | (3) Percent | |
| | Coverage | Volume (Illinois)* | Change (+ or -)** | |
| 1. | Automobile Liability
Commercial | | | |
| 2. | Automobile Physical Damage
Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other Workers Compensation | 123,341 | -8.8% | |
| | Line of Insurance | | | |
| Do | es filing only apply to certain territory
All territories and classes | (territories) or certain classes? If so, specify | / <u>:</u> | |
| Brie | Delay Adoption of the NCCI loss co | ows rates of an advisory organization, specify
sts (circular IL-2011-07) for New and Renewa | | |
| | with an effective date of 12/1/2011 | | | |
| | djusted to reflect all prior rate change
Change in Company's premium level | which will result from application of new rate Wausau Ge | neral Insurance Company lame of Company der State Filings Analyst Official - Title | |



DEC 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF SPRINGHELD, HELLO

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Compa | ny's premium or rate lev | vel produced by rate revision effe | ective December 1, 2011 |
|---|---|--|--|
| (| (1) | (2) Annual Premium | (3)
Percent |
| Cov | erage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile L | | | |
| Comme | | | |
| Automobile F
Comme | Physical Damage
rcial | | |
| 3. Liability Othe | r Than Auto | | |
| 4. Burglary and | Theft | | |
| 5. Glass | | | |
| 6. Fidelity | _ | | |
| 7. Surety | _ | | |
| 8. Boiler and Ma | achinery — | | |
| 9. Fire | | | |
| 10. Extended Co | verage | | |
| 11. Inland Marin | | | |
| 12. Homeowners | | | |
| 13. Commercial I | | | |
| 14. Crop Hail | | | |
| | ers Compensation | 35,135,978 | -8.8% |
| | ine of Insurance | 33,133,373 | |
| All territories Brief description of Delay Adoption | and classes of filing> (If filing follow | territories) or certain classes? If rs rates of an advisory organizations (circular IL-2011-07) for New a | on, specify organization): |
| with an ende | ave date of 12/1/2011 | | |
| | ect all prior rate changes
npany's premium level w | hich will result from application of | of new rates. nusau Underwriters Insurance Company Name of Company |
| | | | Bonnie Roeder State Filings Analyst |
| | | | Official - Title |
| | | · | |

DEC 0 1 2011

SUMMARY SHEET

| | Change in Company's premium or rate | September 1, 2011 | |
|----------|---|---|--------------------------------|
| | (1) | (2) | (3) |
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger
Commercial | | |
| 2 | | | |
| 2. | Automobile Physical Damage
Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 3.
4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | * | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | 17,621,461 | -4.2 |
| | Line of Insurance | | |
| | | | |
| | | ritories) or certain classes? If so, specify: | |
| no c | hange to the deviations to specific class | codes | |
| | | | |
| | | _ | |
| | | rates of an advisory organization, specify of | |
| | | an overall premium level change of -4.2. | No change to the already filed |
| | approved deviation of 1.280 from the N | | 00 (100/) T' TT 00 (000/) |
| | | fic class codes for; Tier II - 1.00, Tier III | .90 (-10%), 11er IV .80 (-20%) |
| stay | the same. The deviation for all other cla | iss codes changes to 1.280 (+28). | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Westfield Insurance Co.

Name of Company

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office
Official - Title

SUMMARY SHEET

| | Change in Company's premium or rate | September 1, 2011 | |
|---------------|--|---|-----------------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage
Private Passenger
Commercial | | |
| 3. | Liability Other Than Auto | | |
| 3.
4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | 1,422,447 | -2.1 |
| | Line of Insurance | | |
| Does i | | ritories) or certain classes? If so, specify: | |
| | | | |
| Adoj
devia | pting the 9/1/11 law only change with a ation of 1.088 from the NCCI rates for | | ot change to the approved |
| | 3-12120. No change to the deviations to s codes 1.088. | the specific class codes; Tier II85, Tier | III .765, Tier IV .680, all other |
| | | | : |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Westfield National Insurance Co.
Name of Company

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate leve | el produced by rate revision effective | 09/01/11 -8.8% |
|--|--|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1.
2.
3.
4.
5.
6.
7.
8.
9. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire | | |
| | Extended Coverage | · | |
| 13. | Homeowners
Commercial Multi-Peril | | |
| | Crop Hail Other Workers Compensation | 1,827,213 | -8.8% |
| | Line of Insurance | | |
| Brie | ef description of filing. (If filing follows ra | rritories) or certain classes? If so, specify: tes of an advisory organization, specify organization. | No. anization): |
| Ado | ot loss costs eff 9/1/2011 | | |
| | justed to reflect all prior rate changes.
hange in Company's premium level whi | ch will result from application of new rates. XL Insurance America, Inc. | ame of Company |
| | | Joseph Binkowski, Assistant | Vice President |
| | | | Official - Title |



SEP 0 1 2011

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| | (1) | (2)
Annual Premium | (3)
Percent | | |
|------|--|---|--------------------------|--|--|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> | | |
| 1. | Automobile Liability Private | | | | |
| | Passenger Commercial | | | | |
| 2. | Automobile Physical Damage | | | | |
| _ | Private Passenger Commercial | | | | |
| | Liability Other Than Auto | | | | |
| 4. | Burglary and Theft | | | | |
| | Glass | | | | |
| | Fidelity | | | | |
| | Surety | | | | |
| | Boiler and Machinery | | | | |
| 9. | Fire | | | | |
| | Extended Coverage | | | | |
| | Inland Marine | | | | |
| | Homeowners | | | | |
| | Commercial Multi-Peril | | | | |
| | Crop Hail | | | | |
| 15. | Other Workers Compensation | 5,189,203 | -8.8% | | |
| | Line of Insurance | | | | |
| Daa | a filing only apply to cortain tarritory (to | erritories) or certain classes? If so, specify: | No. | | |
| Joe | s ning only apply to certain terniory (te | entiones) of certain classes? If so, specify. | NO. | | |
| | | | | | |
| Brie | f description of filing. (If filing follows ra | ates of an advisory organization, specify org | anization): | | |
| Adop | t loss costs eff 9/1/2011 | | | | |
| | | | | | |
| | | • | | | |
| | usted to reflect all prior rate changes. | | | | |
| **Cł | nange in Company's premium level wh | ich will result from application of new rates. | | | |
| | | XL Specialty Insurance Com | pany | | |
| | | | ame of Company | | |
| | | Joseph Binkowski, Assistant | Vice President | | |
| | • | | Official Title | | |



ILLINOIS SUMMARY SHEET FORM RF-3

| (1) (2) (3) |
|--|
| Annual Premium Percent |
| Coverage Volume (Illinois)* Change (+ or -)** |
| Automobile Liability Private Passenger Commercial |
| Automobile Physical Damage Private Passenger Commercial |
| 3. Liability Other than Aut |
| |
| 5. Glass NOV 0 1 2011 |
| 6. Fidelity 7. Surety STATE OF ILLINOIS 7. Surety STATE OF ILLINOIS |
| 7. Surety STATE OF INSOIS |
| 6. Fidelity 7. Surety STATE OF ILLINOIS 8. Boiler and Management of ILLINOIS 9. Fire |
| 9. Fire |
| 10. Extended Coverage |
| 11. Inland Marine |
| 12. Homeowners |
| 13. Commercial Multi-Peril |
| 14. Crop Hail |
| 15. Workers' Compensation 8,157,693 -8.8% |
| 16. Other Line of Insurance |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify No |
| Brief description of filing (if filing follows rates of an advisory organization, specify organization) We are filing to adopt the approved NCCI rates reflecting the enactment of House Bill 1698. |
| We are maintaining our selected class deviations previously approved effective January 1, 20 |
| * Adjusted to reflect all prior rate changes. ** Change in company's premium level which will result from application of new rates. |
| Zenith Insurance-Con |

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 9/1/2011 (3) (2) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 39,893,409 -8.8% 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Law-Only filing effective September 1, 2011

Zurich American Insurance Company

Name of Company

Gary Shook, Vice President and Chief Pricing Actuary

Official - Title



RECEIVED

SEP 2 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| (1) | | (2)
Annual Premium | | (3)
Percent | |
|--------------------------------------|-------------------------------|--|----------------|--|-------|
| Cover | age | Volume (Illinois)* | | <u>Change (+ or -)**</u> | |
| Automobile Liabilit Passenger Co | _ | | | | |
| 2. Automobile Physic | | | | | |
| | nger Commercial | | | | |
| Liability Other Tha | | | | | |
| 4. Burglary and Thef | | | | | |
| 5. Glass | • | | | | |
| 6. Fidelity | | | _ | | |
| 7. Surety | | | _ | | |
| 8. Boiler and Machin | ery | | _ | | |
| 9. Fire | | | | | |
| 10. Extended Coverage | je | | | | |
| 11. Inland Marine | | | | | |
| Homeowners | | | | | |
| 13. Commercial Multi- | Peril | | | | |
| 14. Crop Hail | | | _ | | 0.00/ |
| 15. Other Workers Com | | 1,359,914 | | ······································ | -8.8% |
| Line o | f Insurance | | | | |
| Does filing only apply to | o certain territory (territo | ries) or certain classes? If so, spec | cify: <u>r</u> | N/A | |
| | | | | | |
| Brief description of filin | g. (If filing follows rates | of an advisory organization, specif | y organiz | zation): | |
| • | filing effective September 1, | | | | |
| | | | | | |
| *Adjusted to reflect all | prior rate changes. | | | | |
| | | will result from application of new ra | | | |

Zurich American Insurance Company of Illinois

Name of Company

Gary Shook, Vice President and Chief Pricing Actuary

Official - Title

FILED

SEP 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

SEP 2 1 2011